

Name  
in  
Full

John Henry Blackstone Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died Year	Town	County	MARYLAND		
Date of death 1907	Month 1	Day 11	Years 19-	Months 7	Days 1
Sex Male	Color or Race Negro.	Birth-place Talbot Co., Md			
Occupation Scholar	Where Residing if not at place of death Baltimore, Md.				
Married, Single or Widowed Single	Name of Wife or Husband _____				
Father's Name John Henry Blackstone	Father's Birthplace Annapolis, Md				
Mother's Maiden Name Annie Maria Freeman	Mother's Birthplace Talbot Co., Md				
Name of person giving Information William H. Freeman	How related to deceased Nucleus				

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Pulmonary Tuberculosis.

Immediate Extinction

Are the name, age, sex, color, date and place correctly given above?

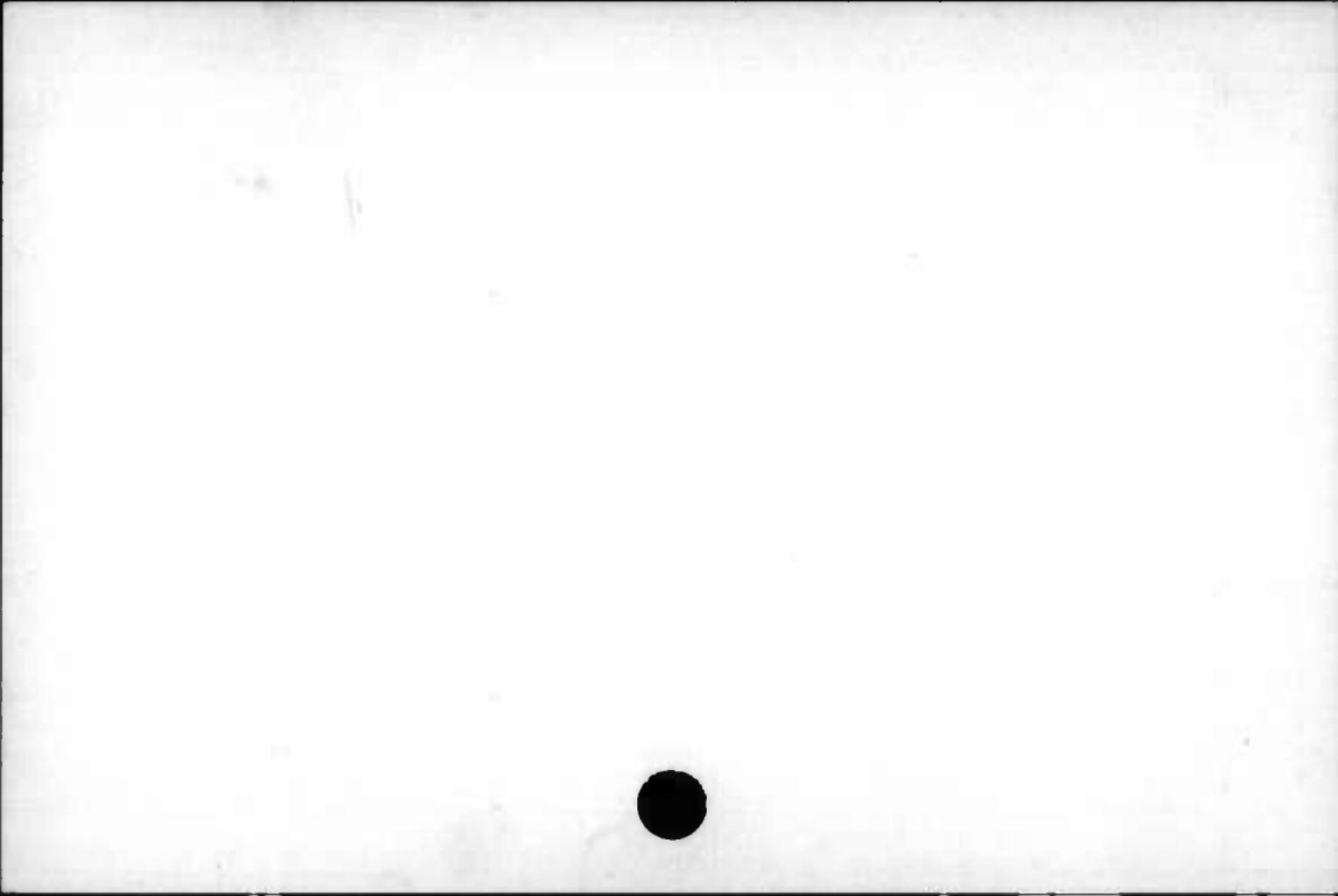
Yes

Signature of Physician

Address

Joseph A. Ross, M.D.  
Talbot Co., Md.

Accident or Suicide?



Name  
in  
Full

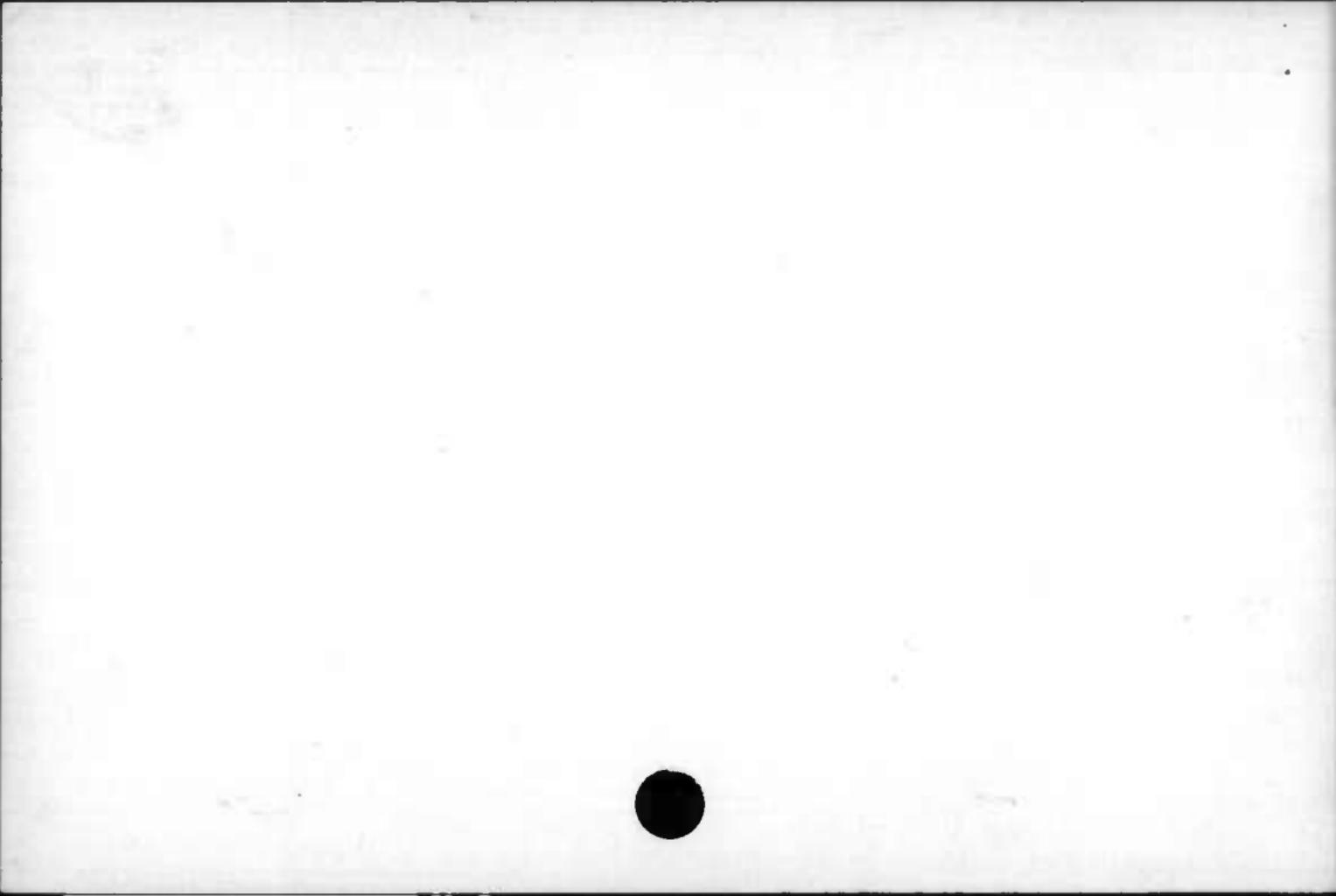
Ida Brooker

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of White Husband	John Brooker			
Father's Name	John Brooker			Father's Birthplace	Talbot Glad
Mother's Maiden Name	Mary E James			Mother's Birthplace	Talbot Count
Name of person giving information	John Brooker			How related to deceased	Son
CAUSES OF DEATH				27	
Primary	Tuberculosis of lungs			How long	18 mos.
Immediate	Cerebration			How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Deen Mallon MD		
		Address	Easton		
Accident or Suicide?					



Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Charles Brown

CERTIFICATE OF DEATH

MARYLAND

Died at

Towson Hospital

Jalbst County

Date  
of death

1907

Month

Feb.

Day

9

Years

45

Months

?

Days

?

Sex

Male

Color or  
Race

white

Birth-  
place

Baltimore Md.

Occupation

Sailor

Where Residing if not  
at place of death

Baltimore Md

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Not Known

Father's  
Birthplace

Mother's  
Maiden Name

Not Known

Mother's  
Birthplace

Name of person giving  
Information

Hospital Record

How related  
to deceased

CAUSES OF DEATH

Primary

Exposure & Hunger

How long

4 days

Immediate

Exhaustion

(170)

How long

few hrs

Are the name, age, sex, color, date  
and place correctly given above?

yes

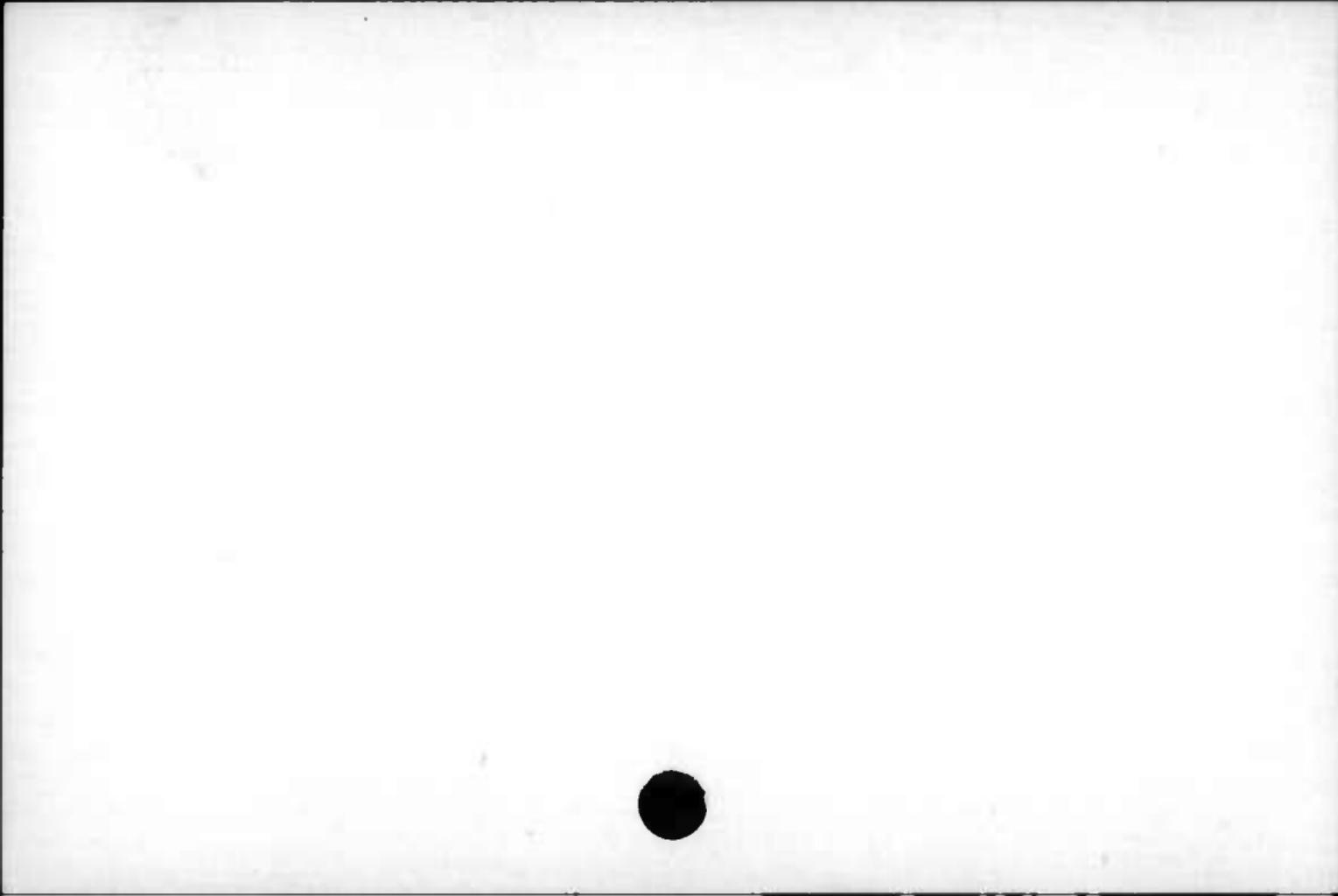
Signature of  
Physician

Address

Chas. J. Garrison  
Easton Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary E Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	
Occupation	Book	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	Easton, Md.		
Father's Name	X	Father's Birthplace			X
Mother's Maiden Name	Hannah James	Mother's Birthplace			Lalbot Ed.
Name of person giving Information	Oda Brown	How related to deceased			daughter

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis of Lungs		How long	Six weeks
Immediate	Exhaustion		How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. Denny Bellson M.D.	
		Address	Easton, Md.	
Accident or Suicide?				



Name  
in  
Full

W. H. Burrough

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	St Michael	County	Talbot	MARYLAND	
Date of death	Month	Feb.	Day	19	Years	63
Sex	Male	Color or Race	white	Birth-place	Talbot Co. Md	Months
Occupation	Painter		Where Residing if not at place of death	St Michaels Md		
Married, Single or Widowed	Married	Name of Wife or Husband	Mary	Father's Birthplace	Talbot Co. Md	
Father's Name	Wm. Burrough		Marchay	Mother's Birthplace	in	
Mother's Maiden Name	Dout Know		✓	How related to deceased	Son	
Name of person giving information	Ed Burrough			27		

CAUSES OF DEATH

Primary

Tuberculosis, Pulmonary

How long

Several yrs.

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Rabb A Dodson  
St Michaels Md

Accidental Suicide

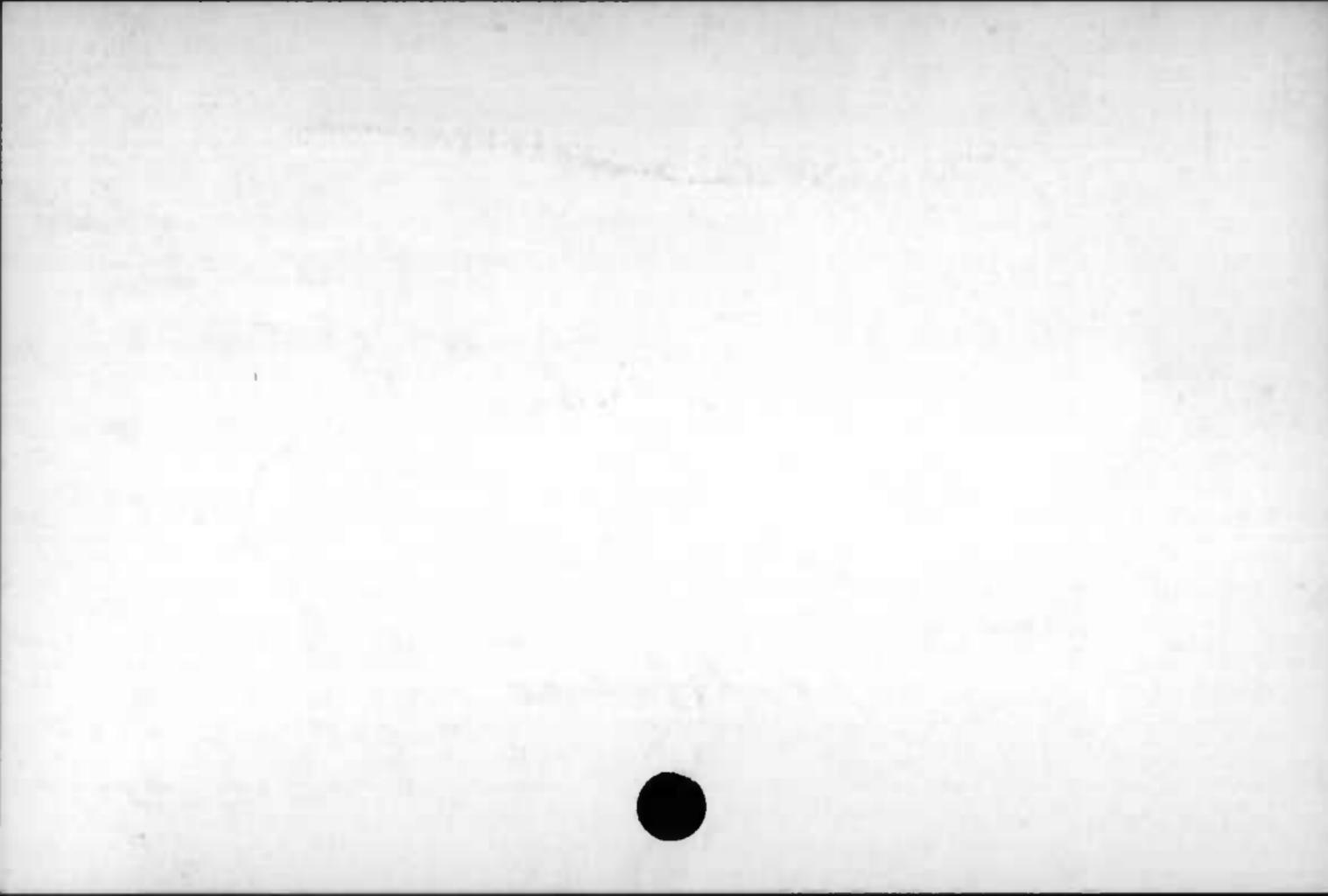


Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH						
Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Died at	Ebensburg		70	70	—	—
Date of death	1907	Feb	Day	Age	Years	Months
Sex	Female	Color or Race	Blush	Birth-place	Wil	Days
Occupation	Brewer	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	<del>Not associated with</del>			
Father's Name	<del>Not associated with</del>					
Mother's Maiden Name	<del>Not associated with</del>					
Name of person giving Information	M. L. Clark					
CAUSES OF DEATH						
Primary	Pleuritic Pulmonitis				How long	2 yrs
Immediate					How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		J. B. Merritt	
			Address		Ebensburg	
Accident or Suicide?						



Name  
in  
Full

Mrs Sofield Dennis.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Female	Color or Race	Birth-place
Occupation	None	Where Residing if not at place of death	<del>St. Michaels</del>
Married, Single or Widowed	Widow	Name of Wife or Husband	<del>Jessie Dennis</del>
Father's Name	Frances Gibson	Father's Birthplace	<del>Unknown</del>
Mother's Maiden Name	Marie Bowman	Mother's Birthplace	<del>Unknown</del>
Name of person giving information	Ella G Toulson	How related to deceased	<del>Daughter</del>

CAUSES OF DEATH

Primary	Paralysis	(66)	How long	6 years
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Immediate	heart failure	How long	-
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Are the name, age, sex, color, date and place correctly given above?

yes

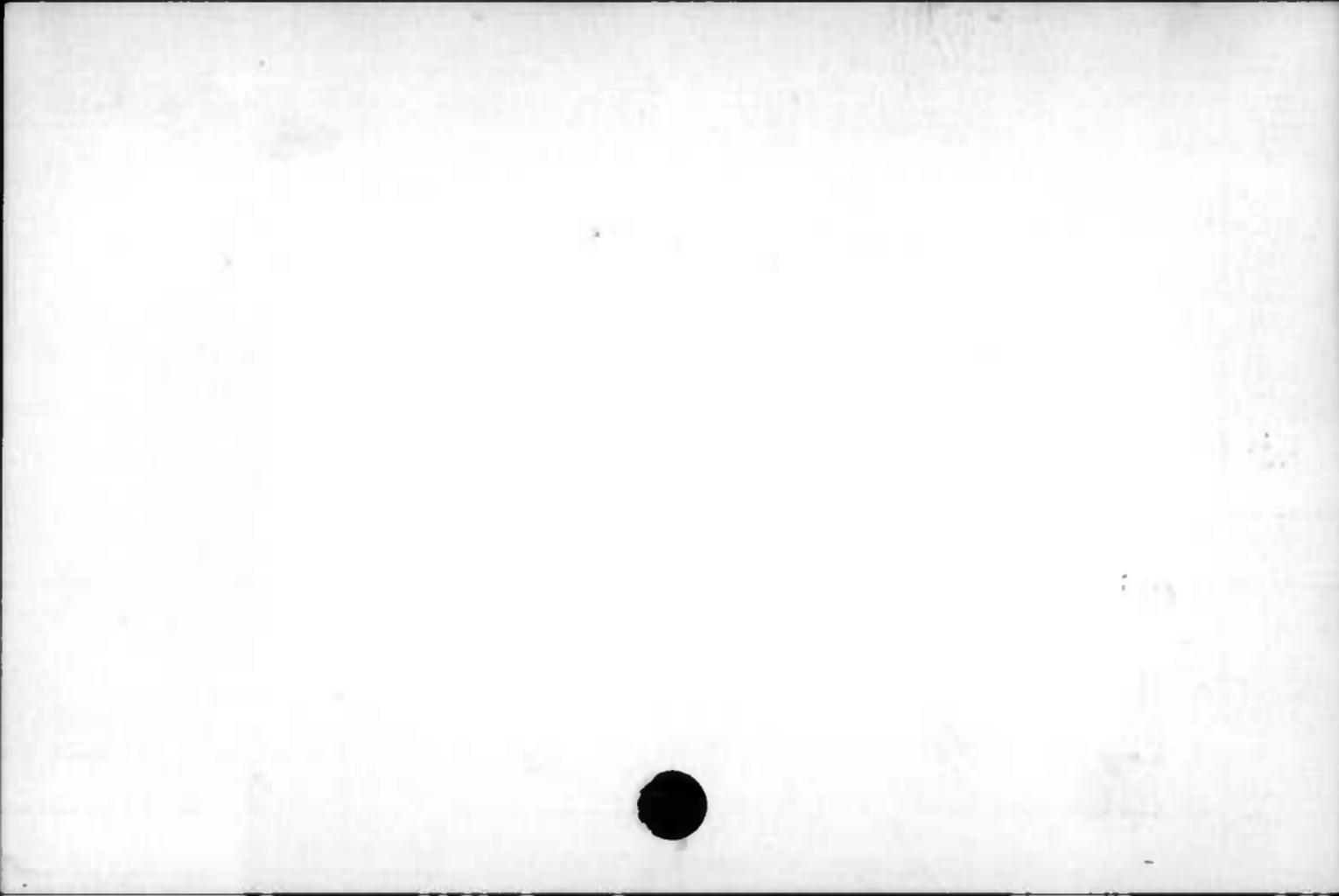
Signature of Physician

Address

J C Davis  
St Michaels  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Margaret Eliz. Hambleton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>St Michaels</u> Town		<u>Talbot</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Feb</u>	Day <u>7</u>	Years <u>About 73</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Alfred St Hambleton</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Rebecca Hambleton</u>		Father's Birthplace <u>Baltimore</u>		
Father's Name <u>John Shuler</u>			Mother's Birthplace <u>Dorsetshire</u>		
Mother's Maiden Name <u>Rebecca Hambleton</u>			How related to deceased <u>Husband</u>		
Name of person giving information <u>Alfred St Hambleton</u>					

CAUSES OF DEATH

(10)

PHYSICIAN  
OR CORONER

Primary

L. Grippe. Achromatia

How long

Several days

Immediate

acute Bronchitis

How long

two weeks

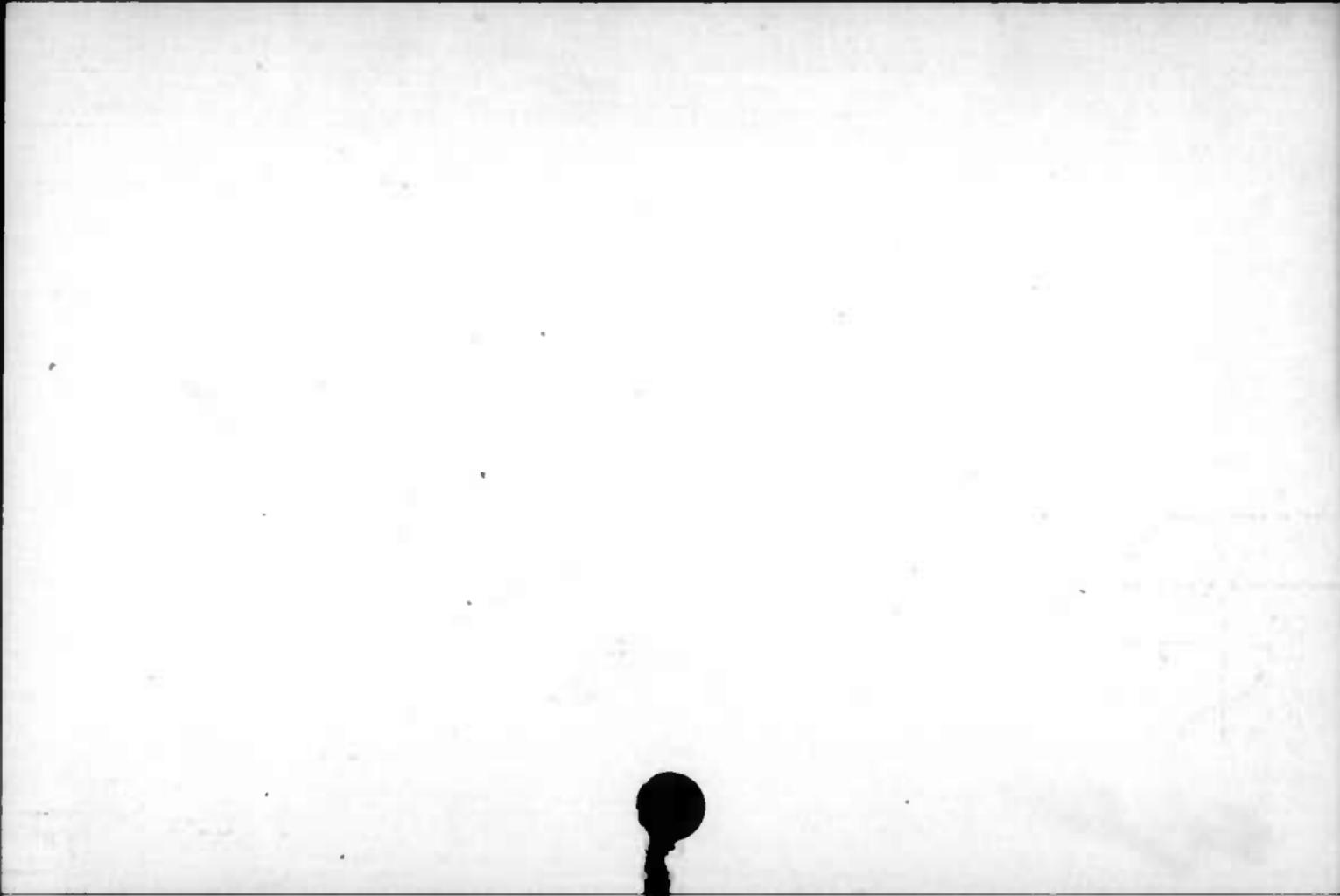
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Robert A. Dodson  
St. Michaels Md.

Accident or Suicide?



Name  
in  
Full

Mary Rebecca Holloud

CERTIFICATE OF DEATH

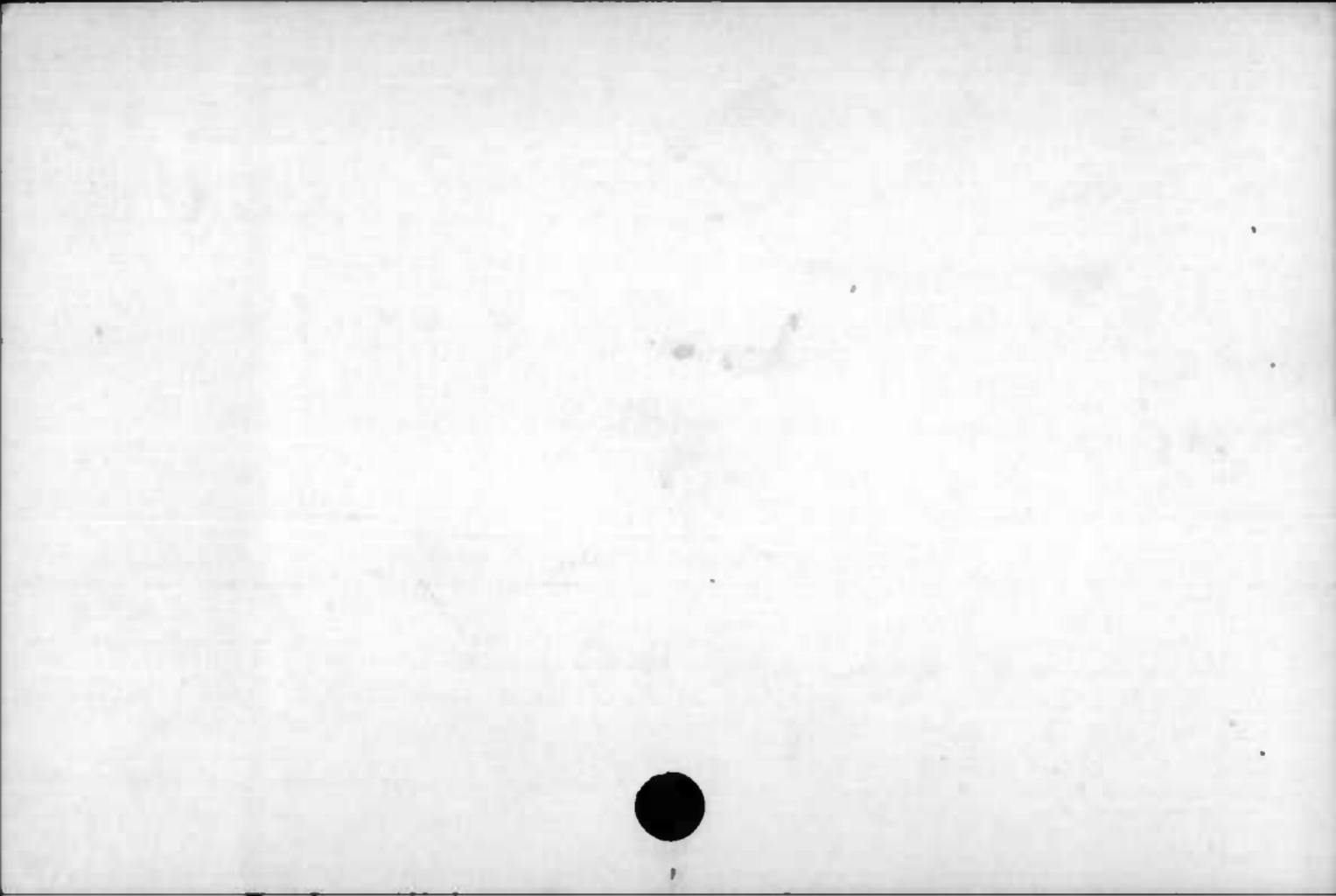
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Mrs J Holloud			
Father's Name	John Wharton				
Mother's Maiden Name	Mary Wharton				
Name of person giving information	Katie Holloud				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis		27	How long	4 to 5 years
Immediate	General Asthma			How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician	W.E. Fifth	
			Address	St. Michael Md	
Accident or Suicide?					



Name  
in  
Full

Mary C. Hopkins

CERTIFICATE OF DEATH

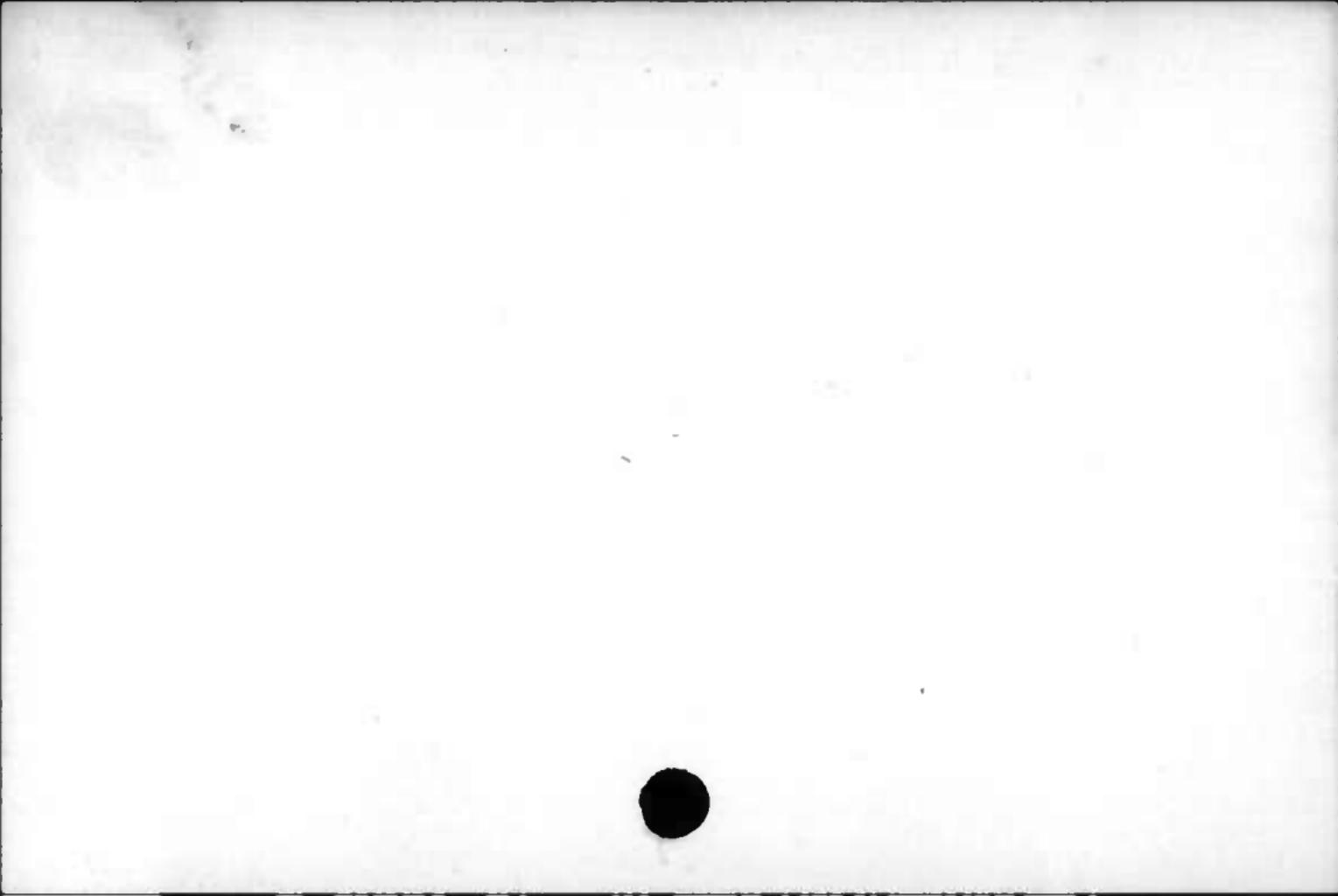
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	63	+ 7
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Gas. H. Hopkins		
Father's Name	John Styron			
Mother's Maiden Name	Frank Styron			
Name of person giving information	Gas. J. H. Hopkins			

CAUSES OF DEATH

Primary	79	How long	5 years
Immediate	Fatty degeneration of the heart	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Gas. H. Rose
		Address	Londonderry, Md
Accident or Suicide?			

PHYSICIAN  
OR CORONER



Name  
in  
Full

Irene Jenkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace	Caroline Co	
Occupation	Where Residing if not at place of death			Easton Md	
Married, Single or Widowed	Name of Wife or Husband	Thomas B Jenkins			
Father's Name				Father's Birthplace	Del
Mother's Maiden Name	Rachell Stanaford			Mother's Birthplace	Baltimore
Name of person giving Information	Thomas B Jenkins			How related to deceased	Husband

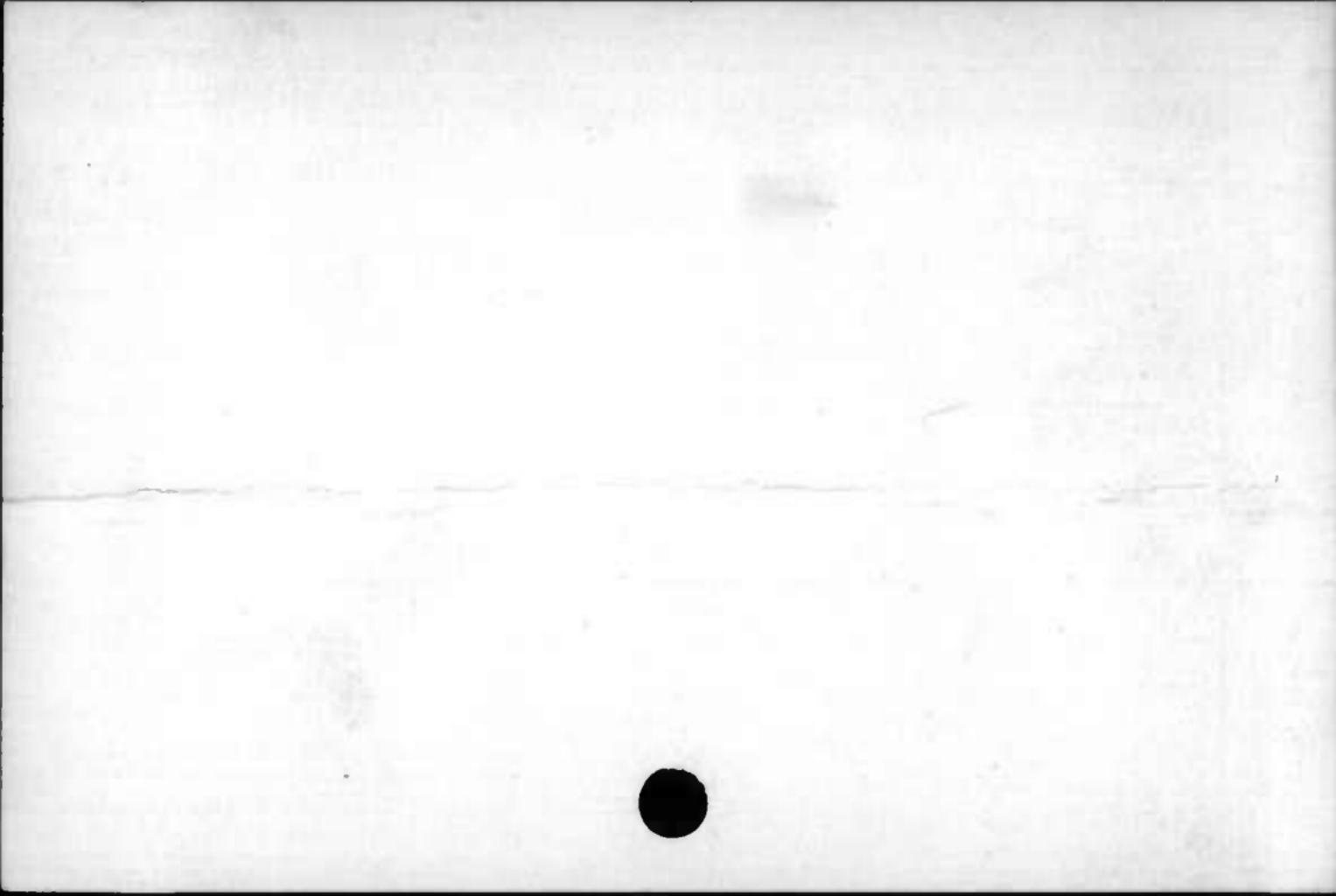
CAUSES OF DEATH

137

PHYSICIAN  
OR CORONER

Primary	Mammary abscess Phlebitis in Right-leg (Puerperal)	How long	2 wks
Immediate	Supposed Central Embolism	How long	2 hrs
Are the name, age, sex, color, date and place correctly given above?	YES	Signature of Physician	Chas Davidson
		Address	Easton, Md.

Accident or Suicide?



Name  
in  
Full

Percy Ellis Jewitt

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Died at	St Michaels	Talbot				
Date of death	1907	Month	2	Day	6	Years
Age	One	Months	three	Days		
Sex	Male	Color or Race	Colored	Birth-place	St Michaels	
Occupation	infant	Where Residing if not at place of death				
Married, Single or Widowed	"	Name of Wife or Husband				
Father's Name	Fred	Jewitt	Father's Birthplace Somerset C			
Mother's Maiden Name	Henrietta	Small	Mother's Birthplace Somerset C			
Name of person giving Information	Fred Jewitt		How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cold	(93)	How long	2 weeks
Immediate	Pneumonia		How long	

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J C. Edwards  
St Michaels  
Maryland

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	CERTIFICATE OF DEATH
Date of death 1907	Month Feb	Day 9	Years — Months — Days —
Sex male	Color or Race white	Birthplace Easton, Md	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed —	Name of Wife or Husband —	Father's Birthplace	Talbot Co
Father's Name Wm. Lednum	Mother's Maiden Name Arizie Byther	Mother's Birthplace "	"
Name of person giving Information Wm. Lednum	How related to deceased Father		

CAUSES OF DEATH

(8)

Primary

still born

How long —

Immediate

How long

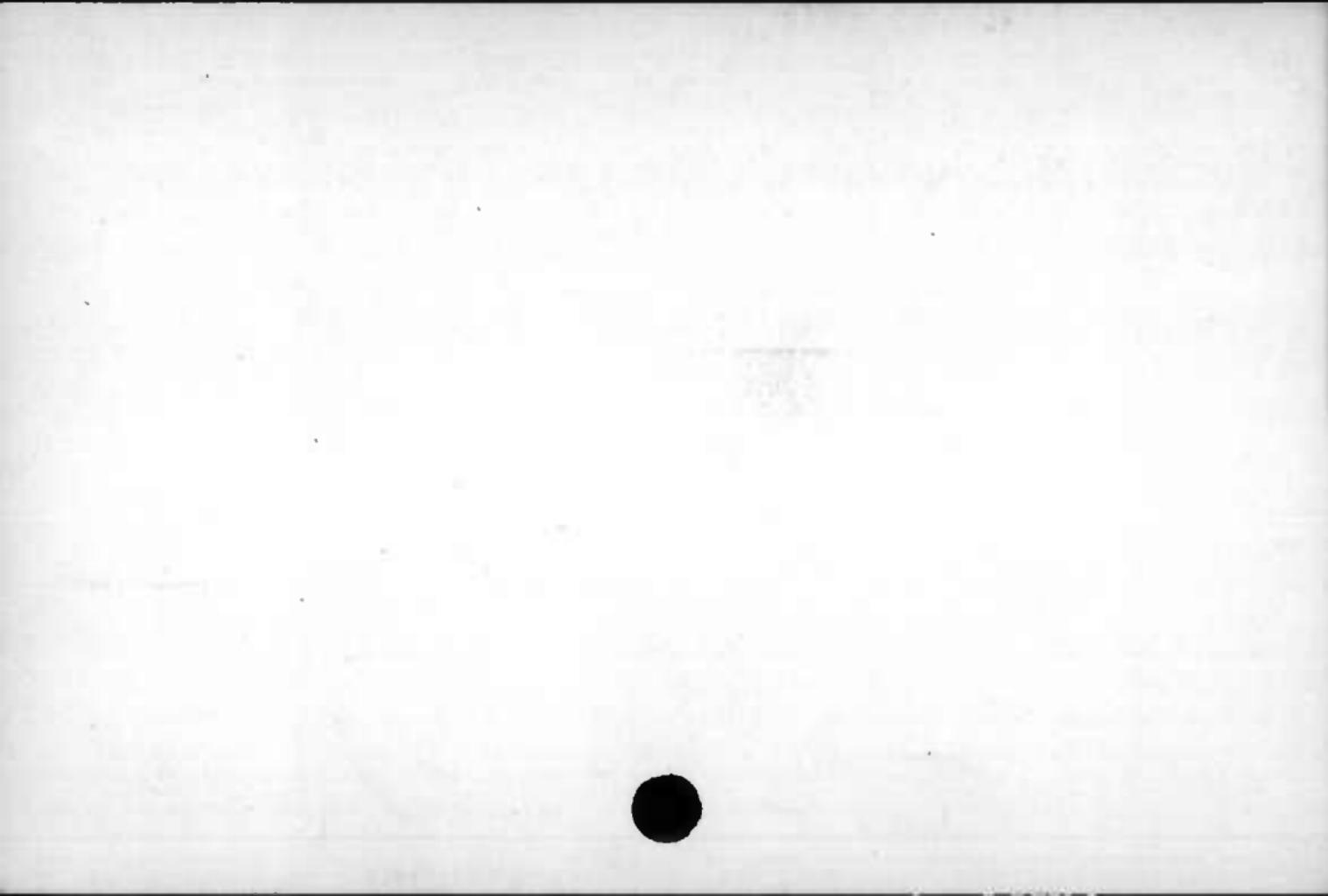
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

W. Hayward  
Easton  
Md.



Name  
in  
Full

Jaine Edward Mc Daniel

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died <u>near</u>	Town <u>Talbot</u>	County <u>Talbot</u>	MARYLAND		
Date of death <u>1907</u>	Month <u>2</u>	Day <u>4</u>	Age <u>66</u>	Years	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Negro -</u>	Birth-place <u>Dorchester Co, Md</u>			
Occupation <u>none</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Ellen Bailey</u>	Father's Birthplace <u>Dorchester Co, Md</u>			
Father's Name <u>Edward Mc Daniel</u>	Mother's Maiden Name <u>Doris Hunt</u>	Mother's Birthplace			
Name of person giving Information <u>William E. Mc Daniel</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

27

How long

Several years

How long

3 weeks

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

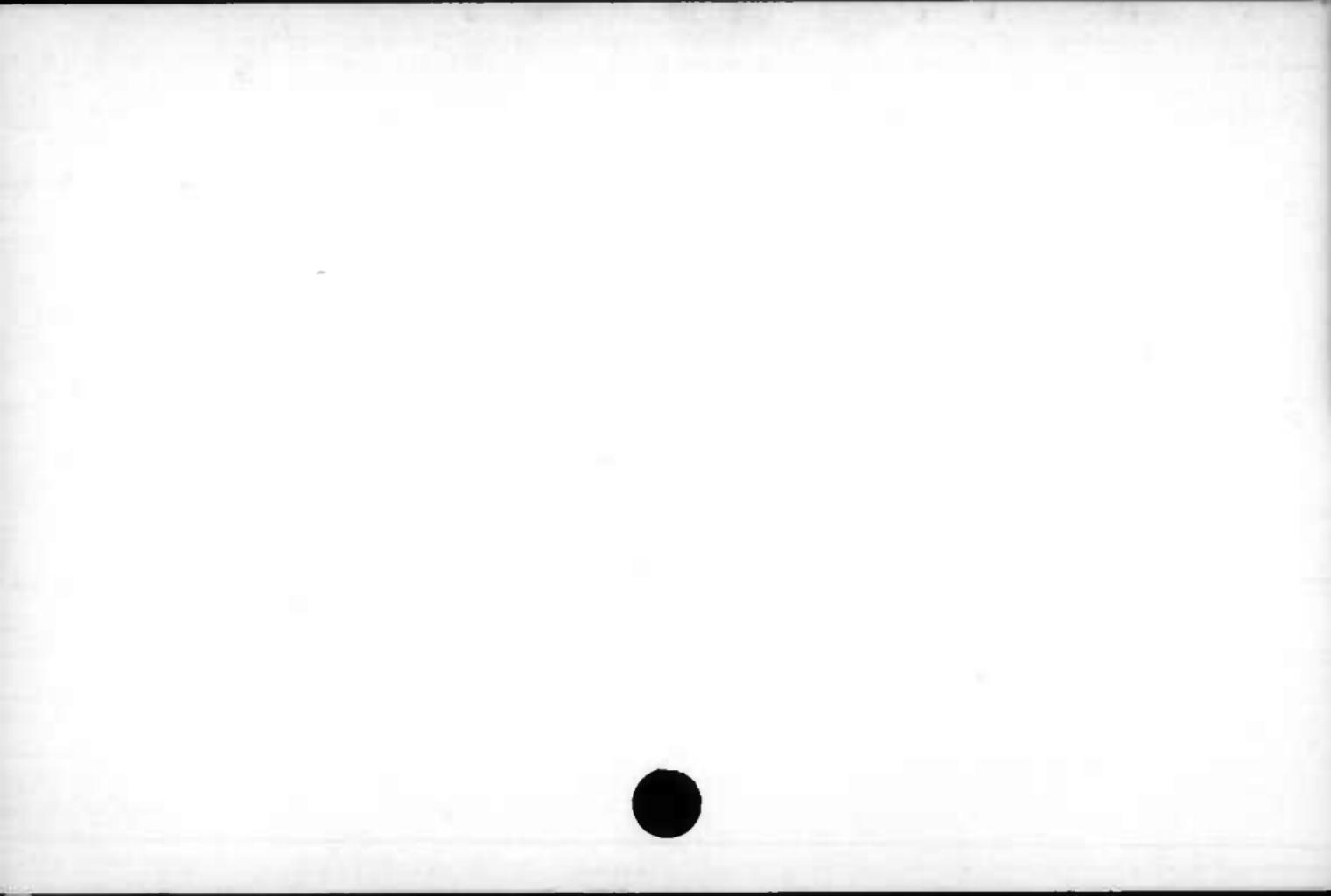
Yes

Signature of Physician

Address

Joseph A Ross M.D.  
Talbot Co, Md

Accident or Suicide?



Name  
in  
Full

Mrs Grace Conner Mansfield

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
*St Michaels*

County  
*Talbot*

MARYLAND

Date  
of death

1907

Month  
2

Day  
8

Years  
26

Age

Months

Days

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Easton*

Occupation

*un - known*

Where Residing if not  
at place of death

Married, Single  
or Widowed

*Married*

Name of Wife or  
Husband

*John F Mansfield*

Father's  
Name

*Samuel J Collier*

Father's  
Birthplace

Mother's  
Maiden Name

*Mary C Jewell*

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

*Mother & Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Cold -*

87

How long

*4 weeks*

Immediate

*Hemorrhage*

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

*J C D Davis*  
*St Michaels*  
*Md*

Accident or Suicide?



Name  
in  
Full

Dead Person's Name

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Easton

County

Sabot

MARYLAND

Date  
of death

1907

Month

Feb

Day

1

Years

-

Months

-

Days

-

Sex

Male

Color or  
Race

Age

-

Birth-  
place

Ned

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband



Father's  
Name

Joseph Müller

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Nina Stevens

Mother's  
Birthplace

Ned

Name of person giving  
Information

Joseph Müller

How related  
to deceased

Sister

CAUSES OF DEATH

⑧

How long

How long

Mother had a fall a few days before  
contracting typhus and died 1 or 2 days.

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

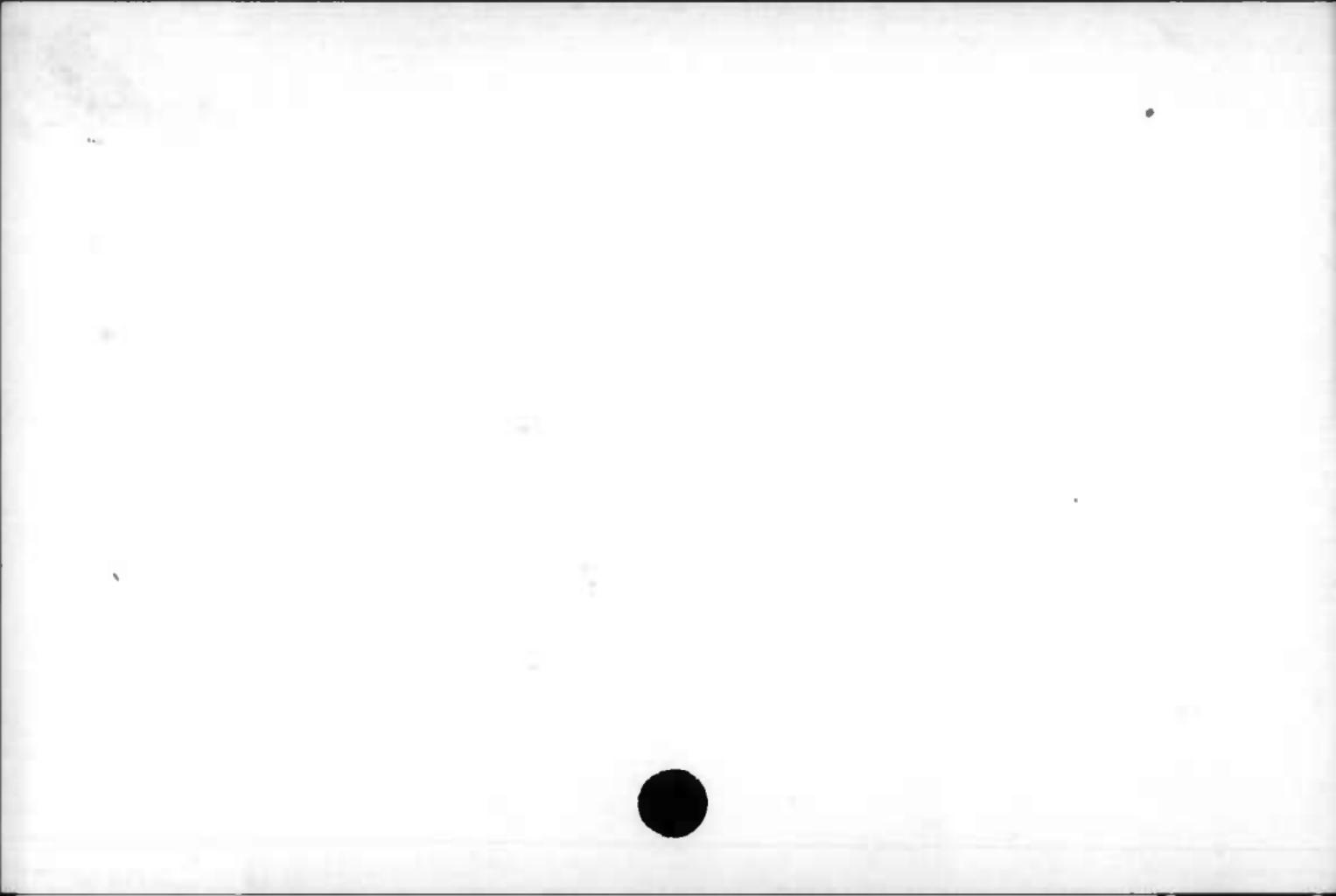
E. R. Dupper

Address

Easton

Ned

Accident or Suicide?



Name  
in  
Full

Ivy Virginia Mushaw

## CERTIFICATE OF DEATH

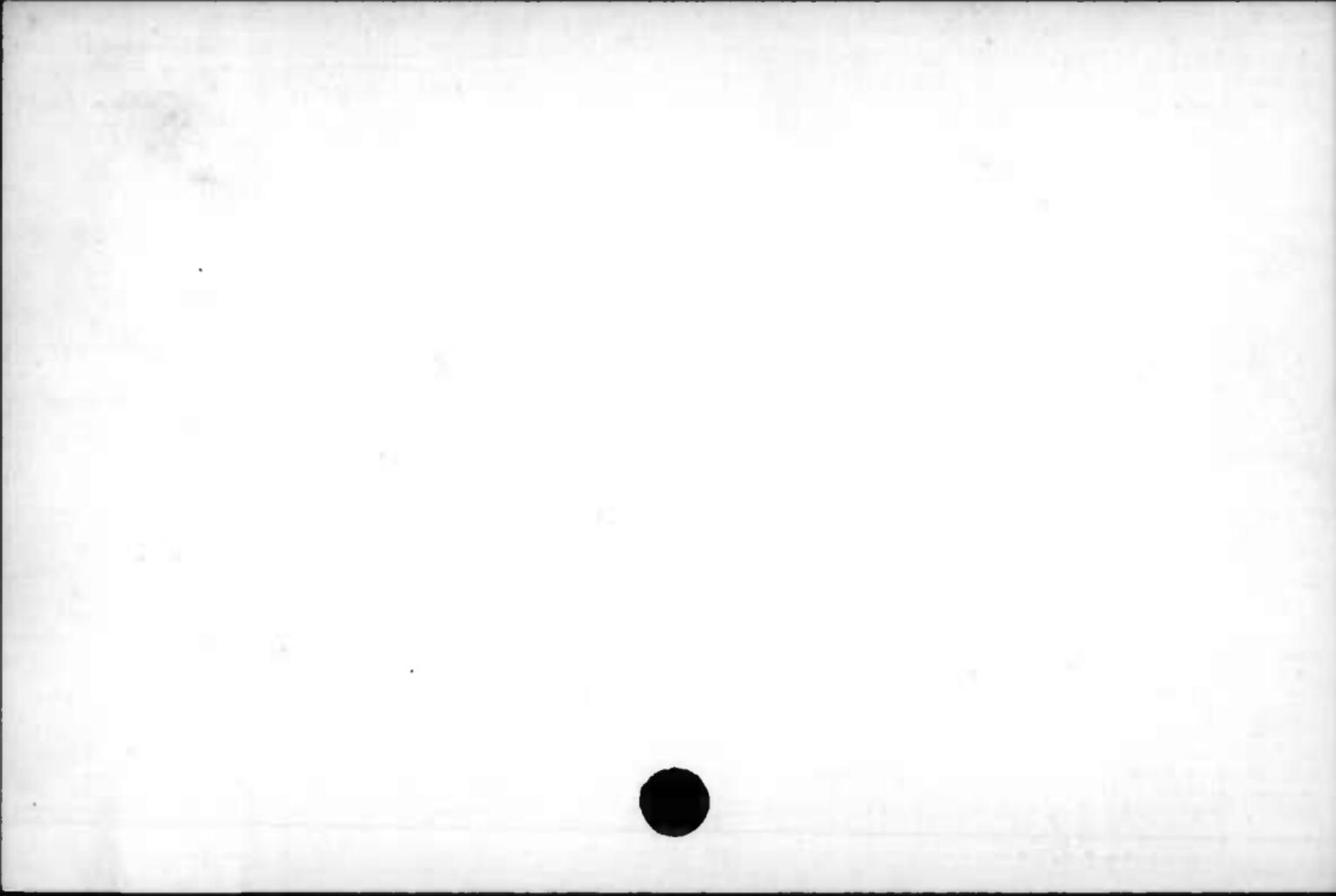
TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Thomas Mushaw			Father's Birthplace	Hungary
Mother's Maiden Name	Lucy Whitley			Mother's Birthplace	Baltimore Co.
Name of person giving Information	Thos. Mushaw			How related to deceased	Father

## CAUSES OF DEATH

(151)

Primary	Pectus - malnutrition		How long	2 weeks
Immediate	Exhaustion		How long	several days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Wm S. Seymour
			Address	Trappe
Accident or Suicide?		<input checked="" type="checkbox"/>		



Name  
in  
Full

Blanche W. Newnham  
Hearstis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month Feb	Day 11	Years	Months	Days 9
Sex Female	Color or Race White	Birth-place Talbot Co			
Occupation Child	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name W. Franklin Newnham	Father's Birthplace Talbot Co				
Mother's Maiden Name Blanche B. Wayman	Mother's Birthplace Talbot Co				
Name of person giving information W. Franklin Newnham	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

(93)

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

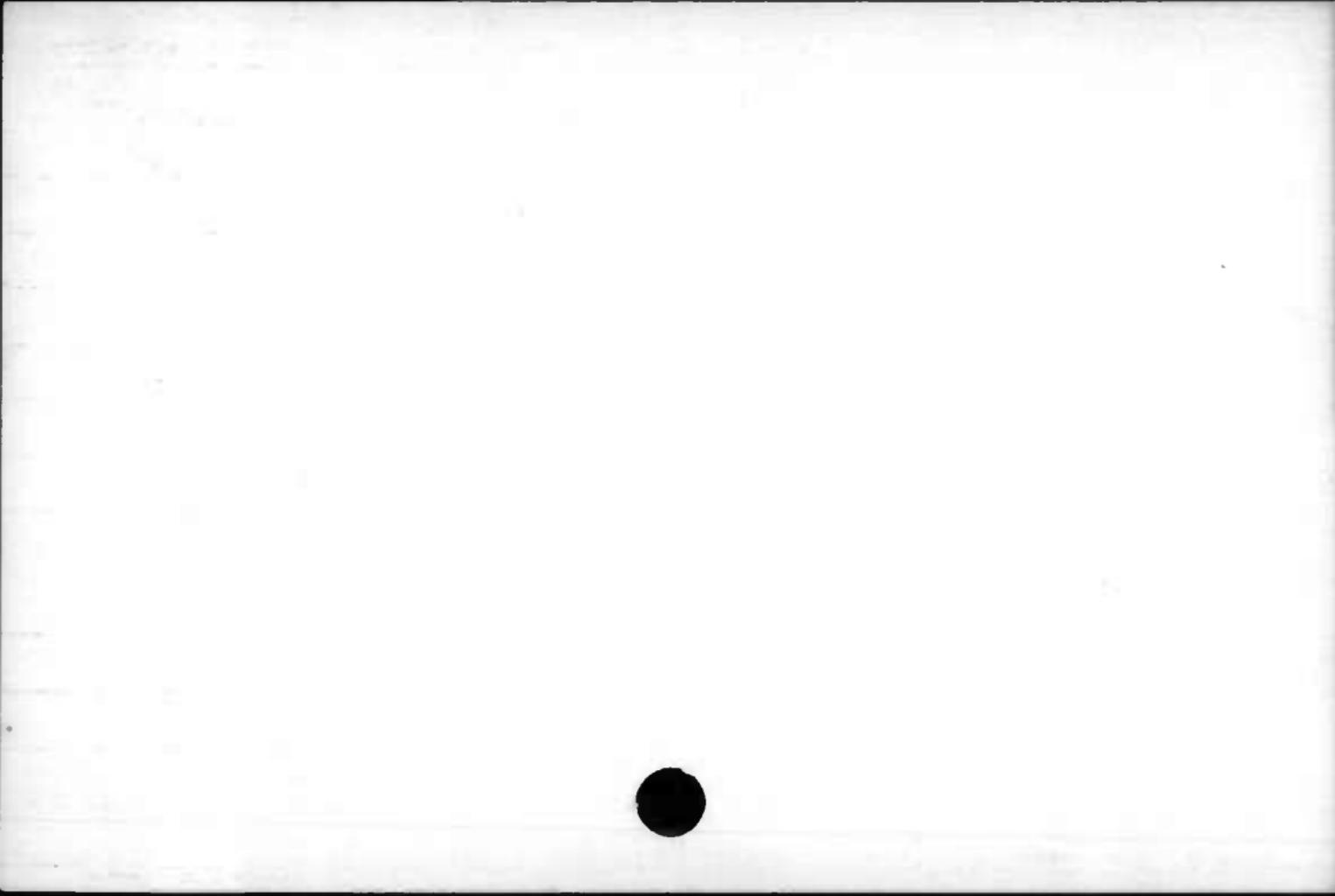
Dr. J. B. Selt

Address

18th Street

Accident or Suicide?

No



Name  
in  
Full

Thomas Edward Price.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	Back Creek		County	Talbot	
Died at	Month	Day	Years	Months	Days
Date of death	1907	February	13	Age	61
Sex	Male	Color or Race	White	Birth-place	Talbot County
Occupation	Farmer		Where Residing if not at place of death	St. Michaels	
Married, Single or Widowed	Hidover	Name of Wife or Husband			
Father's Name	Henry Price		Father's Birthplace	Talbot County	
Mother's Maiden Name	Kirby		Mother's Birthplace	Talbot, Co	
Name of person giving information	Daisy P. Price		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary \_\_\_\_\_ How long

170

Immediate Frozen after breaking in ice. How long

Thirty minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

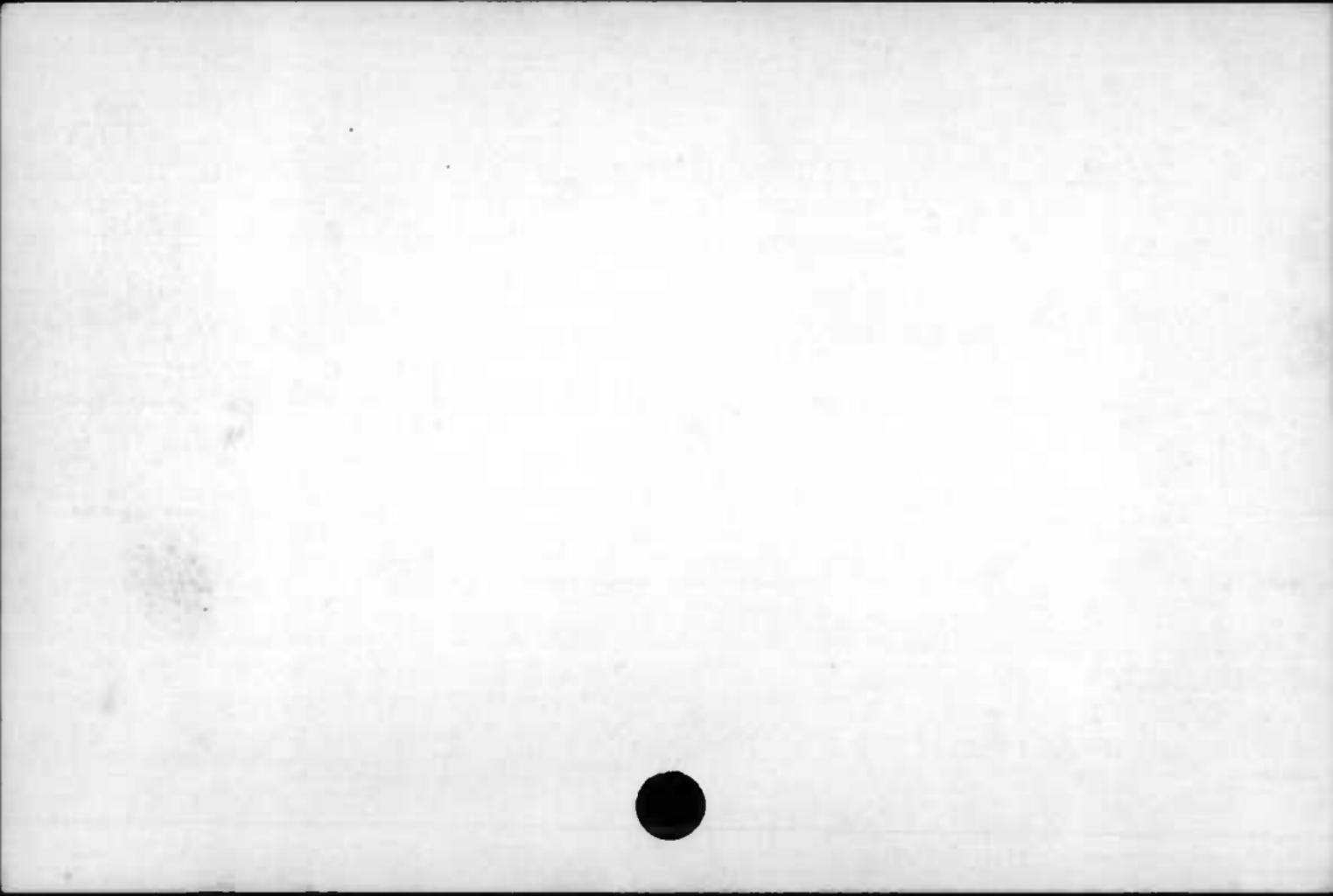
Signature of Physician

Robert Dodson

Address

St. Michaels Md.

Accident or ~~accident~~ accident



Name  
in  
Full

Joseph Harrison Radcliffe

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

St. Michaels

County  
Balbot

MARYLAND

Date  
of death

1907

Month

Feb.

Day

18

Years

52

Months

10

Days

-

Sex

Male

Color or  
Race

White

Birth-  
place

Montgomery Co.

Occupation

Farmer

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Anna Elizabeth Radcliffe

Father's  
Name

Joseph Thomas Radcliffe

Father's  
Birthplace

Washington DC

Mother's  
Maiden Name

Louisa Garrison

Mother's  
Birthplace

Talbot Co.

Name of person giving  
Information

Eleanor B. Rydcliffe

How related  
to deceased

Daughter

CAUSES OF DEATH

79

Primary

Myocarditis (degenerative)

How long

5 mo. or longer

Immediate

Cardiac failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

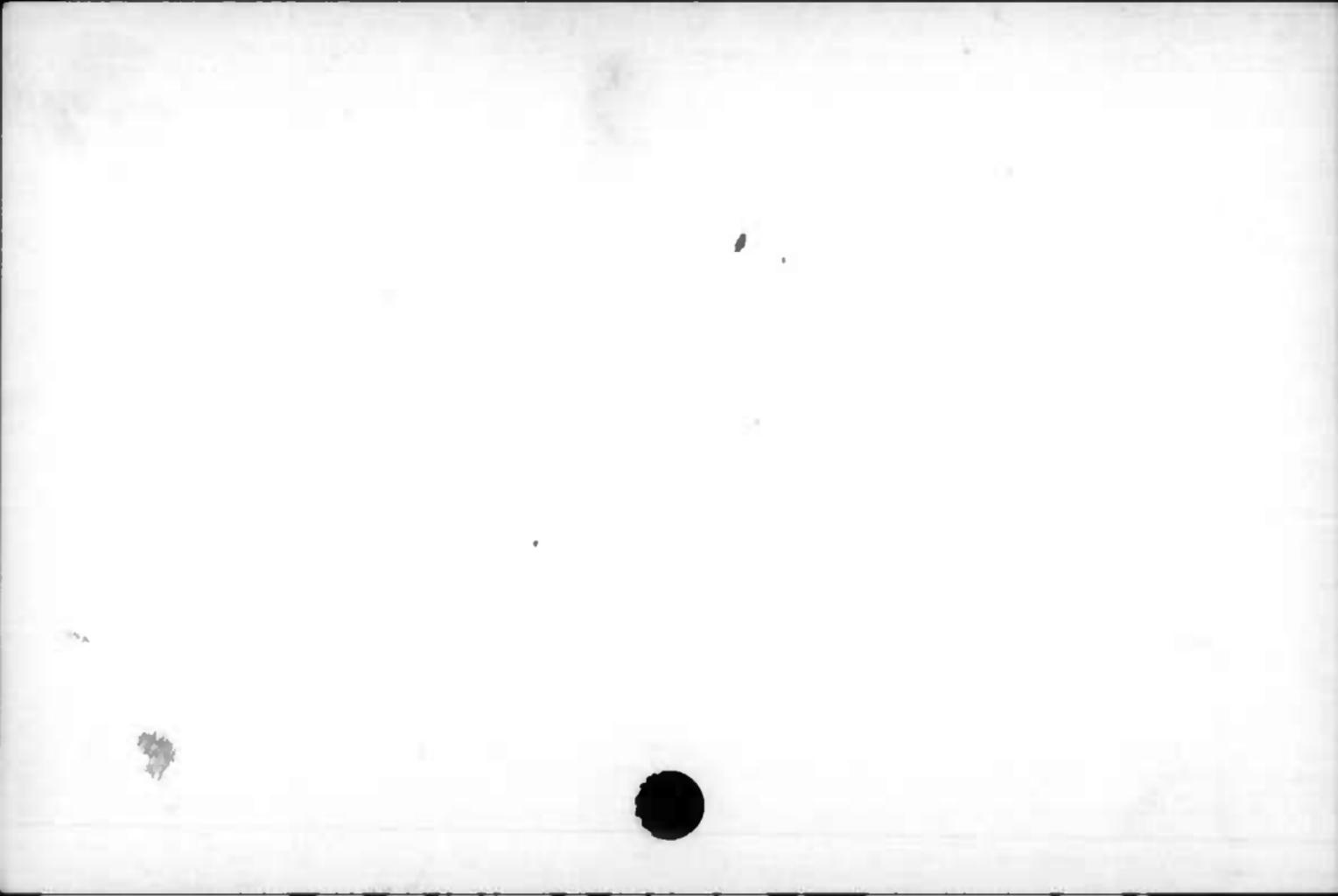
Signature of  
Physician

Address

J. Hobson M.D.  
St. Michaels  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

John Walter Shlebom

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1907	Month Feb.	Day 28	Years 51
Sex Male	Color or Race White	Birth- place Tulbut Co., Md	Months 6
Occupation Butcher	Where Residing if not at place of death		
Married, Single or Widowed Married	Name of Wife or Husband Mary Jels Shlebom	Father's Name Mason Shlebom	Father's Birthplace Tulbut Co., Md
Mother's Maiden Name Sophia Morgan	Sophia Morgan	Mother's Birthplace Md	How related to deceased Nephew
Name of person giving Information W.M. Shlebom			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Heart Disease

79

How long

3 mos

Immediate

Worms

How long

1 mth

Are the name, age, sex, color, date  
and place correctly given above?

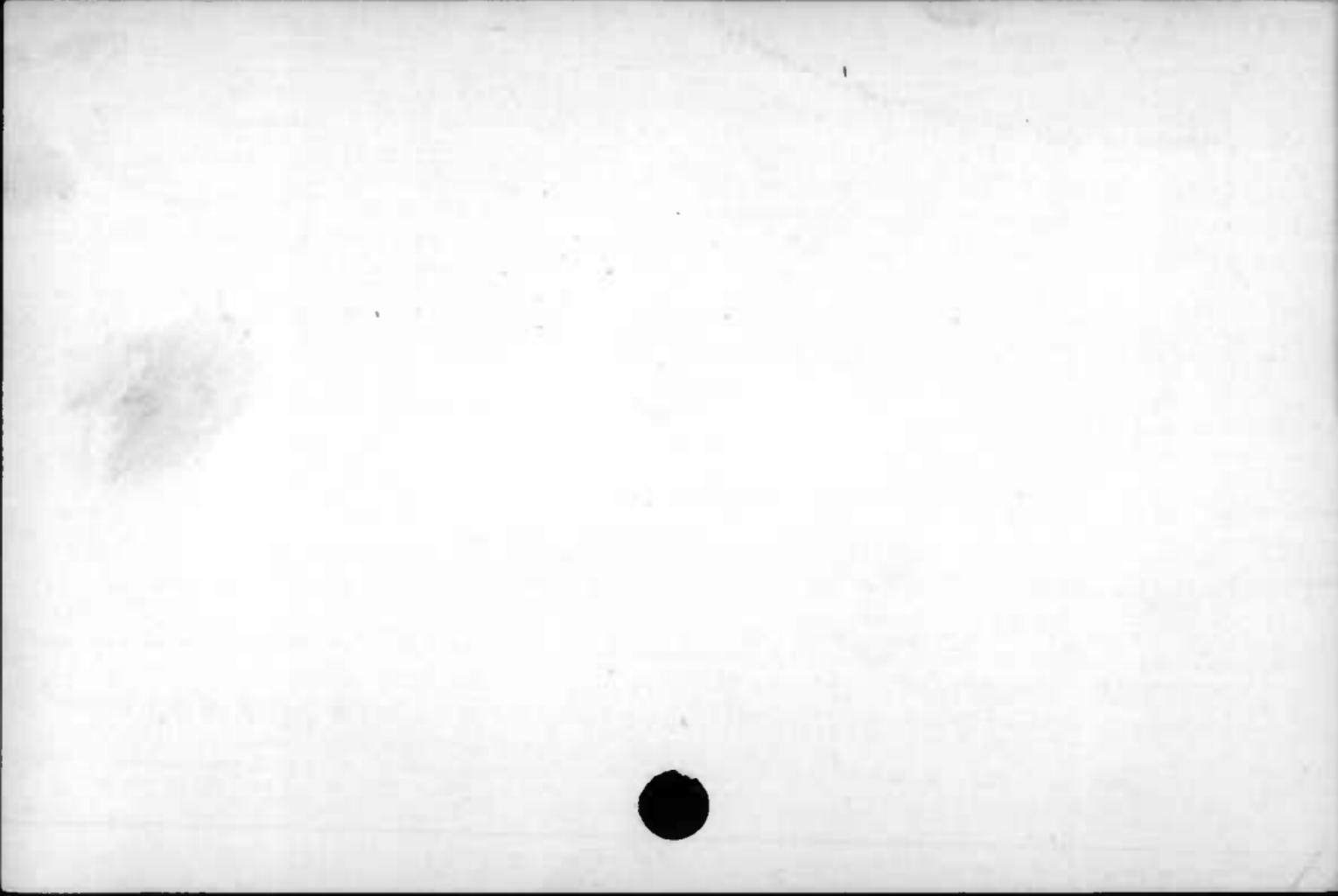
Signature of  
Physician

Address

J.W. Merritt

Euston, Md

Accident or Suicide?



Name  
in  
Full

Etta Shockley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birthplace			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Husband	Name of deceased			
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				
CAUSES OF DEATH					
Primary	Cause 10				
Immediate	Cause 11				

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

P. J. Travers

Boston, Mass

14

Accident or Suicide?

January 6<sup>th</sup> A.M. Salisbury -

Name  
in  
Full

Robert Skinner

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND	
Died at	Wye Mills	Falbot	Months	Days
Date of death	1907 Feb. 8	Age 93		
Sex	Male	Color or Race	White	Birth-place
Occupation	Sailor	Where Residing if not at place of death New Marcus Lown		
Married, Single or Widowed	Widower	Name of Wife or Husband		
Father's Name	George Skinner		Father's Birthplace	not Known
Mother's Maiden Name	not Known		Mother's Birthplace	not Known
Name of person giving Information	Blair Skinner		How related to deceased	Supher

CAUSES OF DEATH

Primary	Old Age	154	How long
Immediate	Heart Failure		How long

Are the name, age, sex, color, date and place correctly given above?

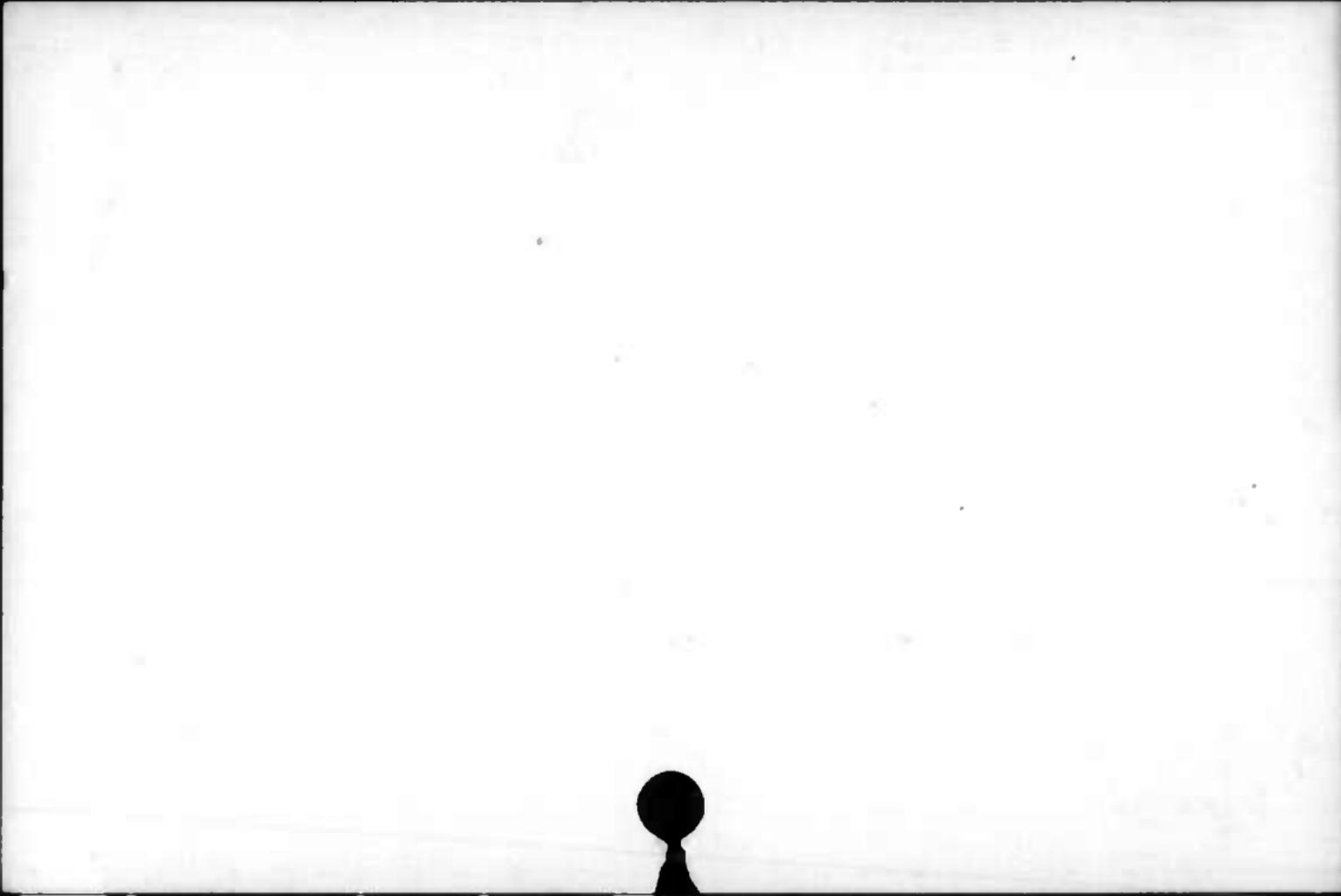
yes

Signature of Physician

Address

J. W. Stack M.D.  
Wye Mills.

Accident or Suicide?



Name  
in  
Full

Joshua Sullivan

CERTIFICATE OF DEATH

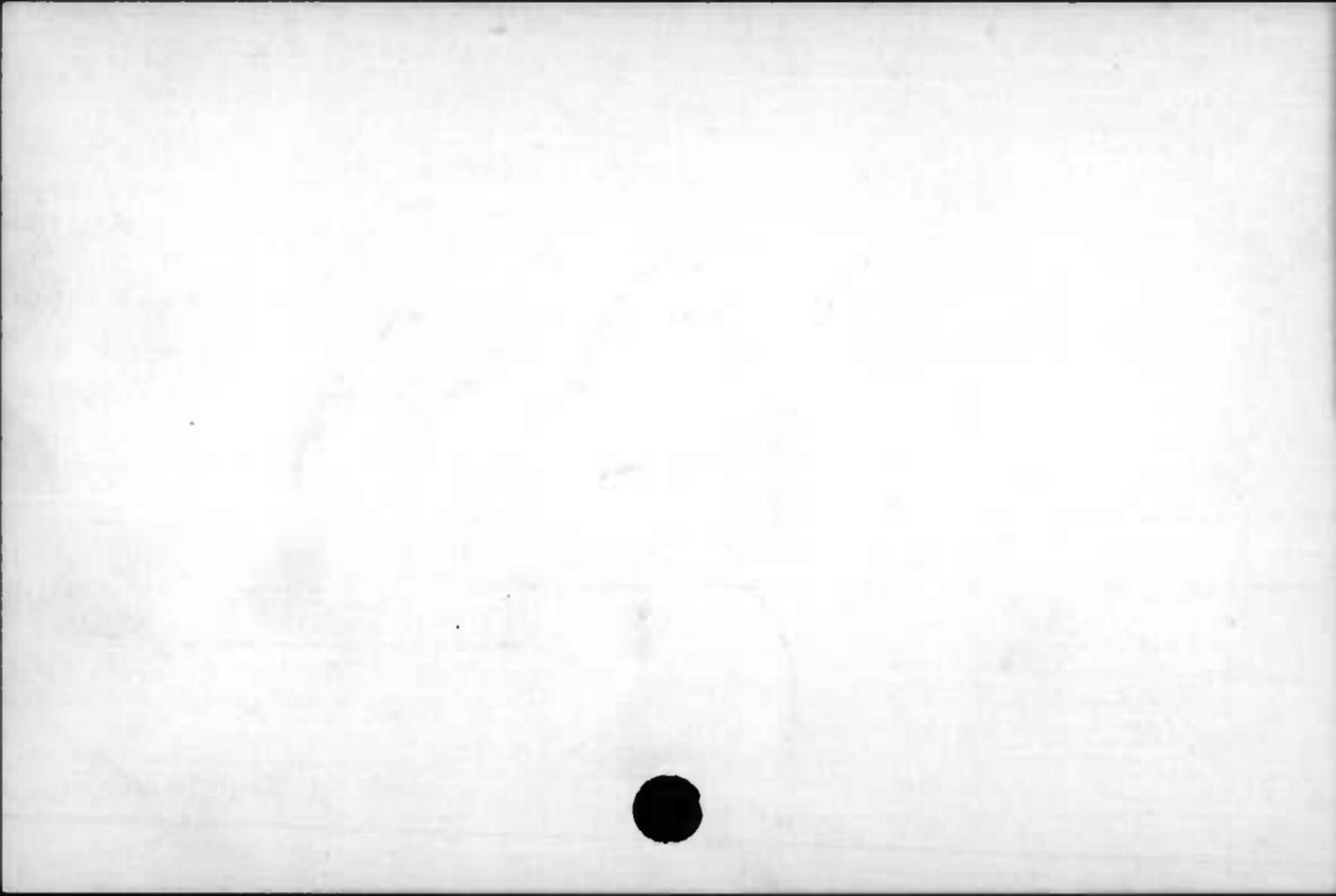
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife	Name of Wife			
Father's Name	John Sullivan				
Mother's Maiden Name					
Name of person giving information	Flora V. Sullivan				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Lee Grippe	(10)	How long Seven days
Immediate	Bacunonia		How long Five days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician C.W. Stelle M.D.	Address Cordova Md.
Accident or Suicide?			



Name  
in  
Full

William Evans- Sparks

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

Gallot

MARYLAND

Date  
of death 1907

Month  
Feb

Day  
2<sup>nd</sup>

Years  
—

Months  
Apr

Days  
Nine

Sex  
Male

Color or  
Race

white

Birth-  
place

Cordova. Md.

Married, Single  
or Widowed

Infant

Occupation

None

Name of Wife or  
Husband

Father's  
Name

Joseph. R. Sparks Gr.

Father's  
Birthplace

Baltimore Co

Mother's  
Maiden Name

Rachela. Catherine Johnson

Mother's  
Birthplace

Baltimore Co

Name of person giving  
Information

Joseph. R. Sparks Gr.

How related  
to deceased

Father.

CAUSES OF DEATH

Primary

Marsennus.

151

How long

from birth

Immediate

Granulation

How long

1" "

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

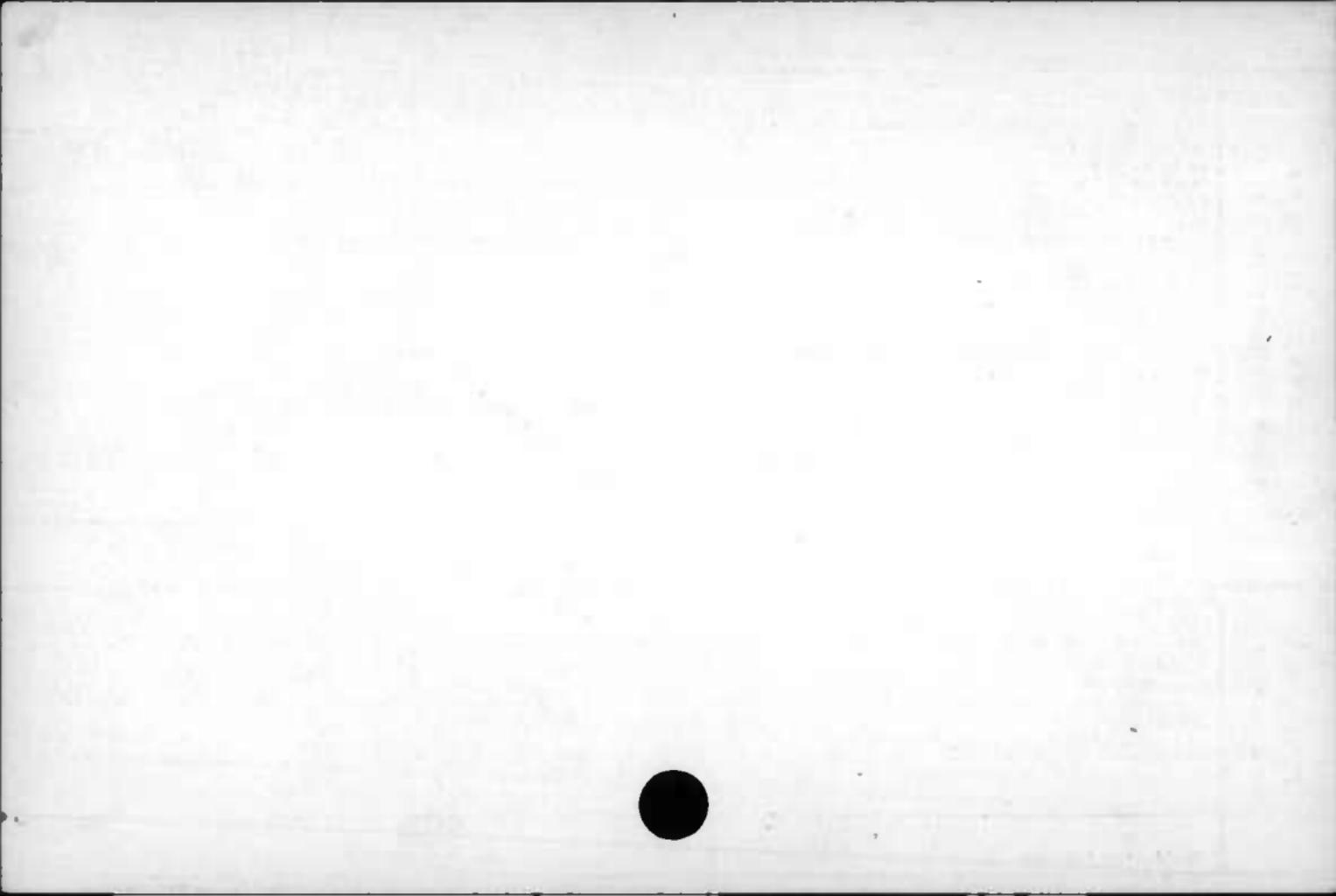
C. M. Stelle. M.D.

Cordova.

Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Hattie Belle Stevens

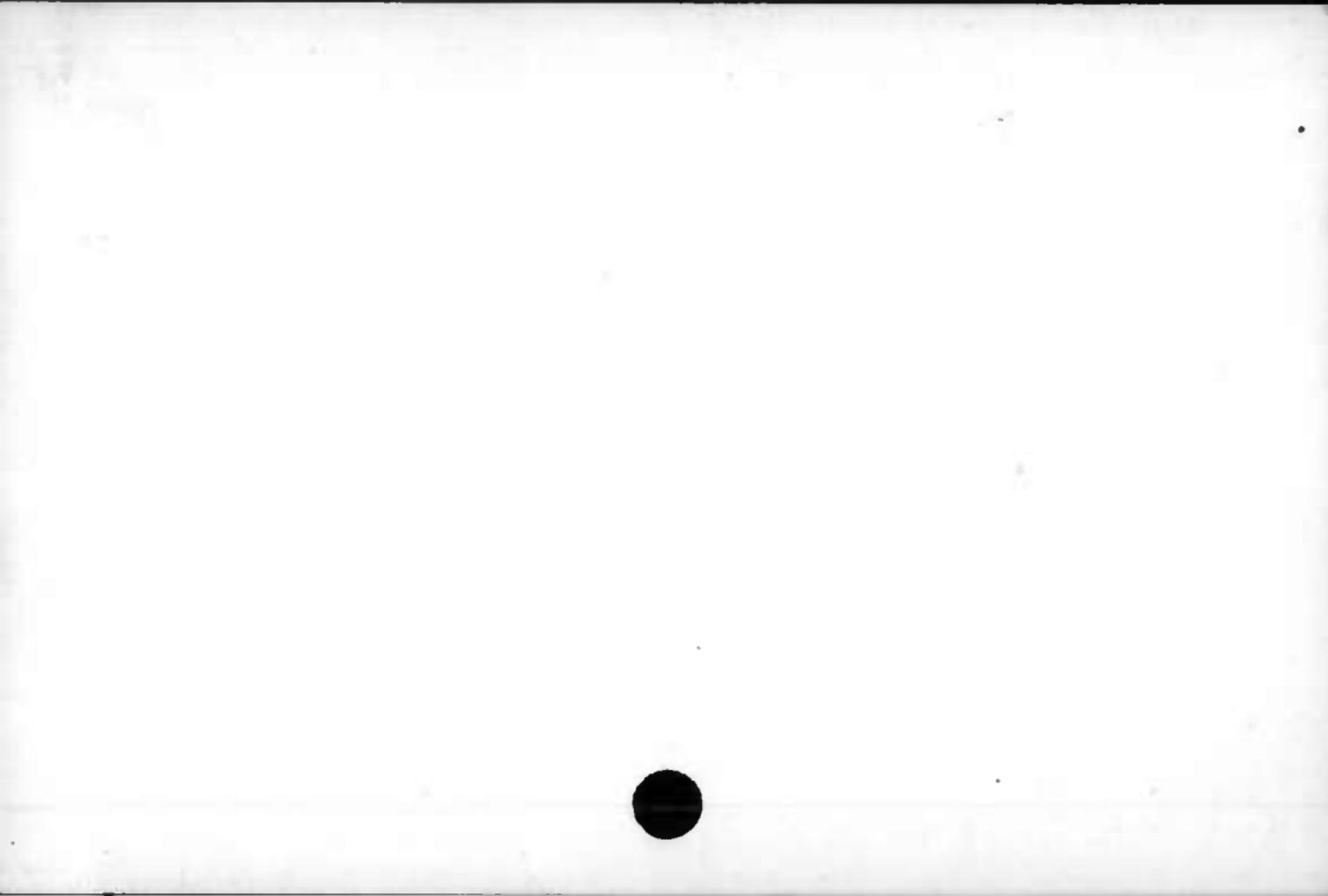
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
90	Feb.	28	51 7 24
Sex	female	Color or Race	white
Occupation	✓	Where Residing if not at place of death	✓ Talbot Co.
Married, Single or Widowed	✓	Name of Wife or Husband	✓
Father's Name	George Stevens	Father's Birthplace	Talbot Co.,
Mother's Maiden Name	Nannie Griffin	Mother's Birthplace	Talbot Co.,
Name of person giving information	George Stevens	How related to deceased	Father

CAUSES OF DEATH

Primary	Acute Rheumatism	47	How long	3 wks
Immediate	Endocarditis & Bronchopneumonia		How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Dr. S. Segmirey
PHYSICIAN OR CORONER		Address	Trapp	
Accident or Suicide? No				



Name  
in  
Full

Charles Tilghman

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County			MARYLAND		
Died at	Long Woods		Talbot Co.			
Date of death	1907	Month	Day	Age	Years	Months
Sex	Male	Color or Race	17	13		Days
Occupation	Cold Boy.			Birth-place	Long Woods	
Married, Single or Widowed	Where Residing if not at place of death			Long Woods		
Father's Name	Rose Tilghman			Father's Birthplace	Don't Know	
Mother's Maiden Name	Rosa Tilghman			Mother's Birthplace	Kings Creek	
Name of person giving information	Scott Tilghman			How related to deceased	Uncle	

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Consumption

How long

5 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

as near  
possible

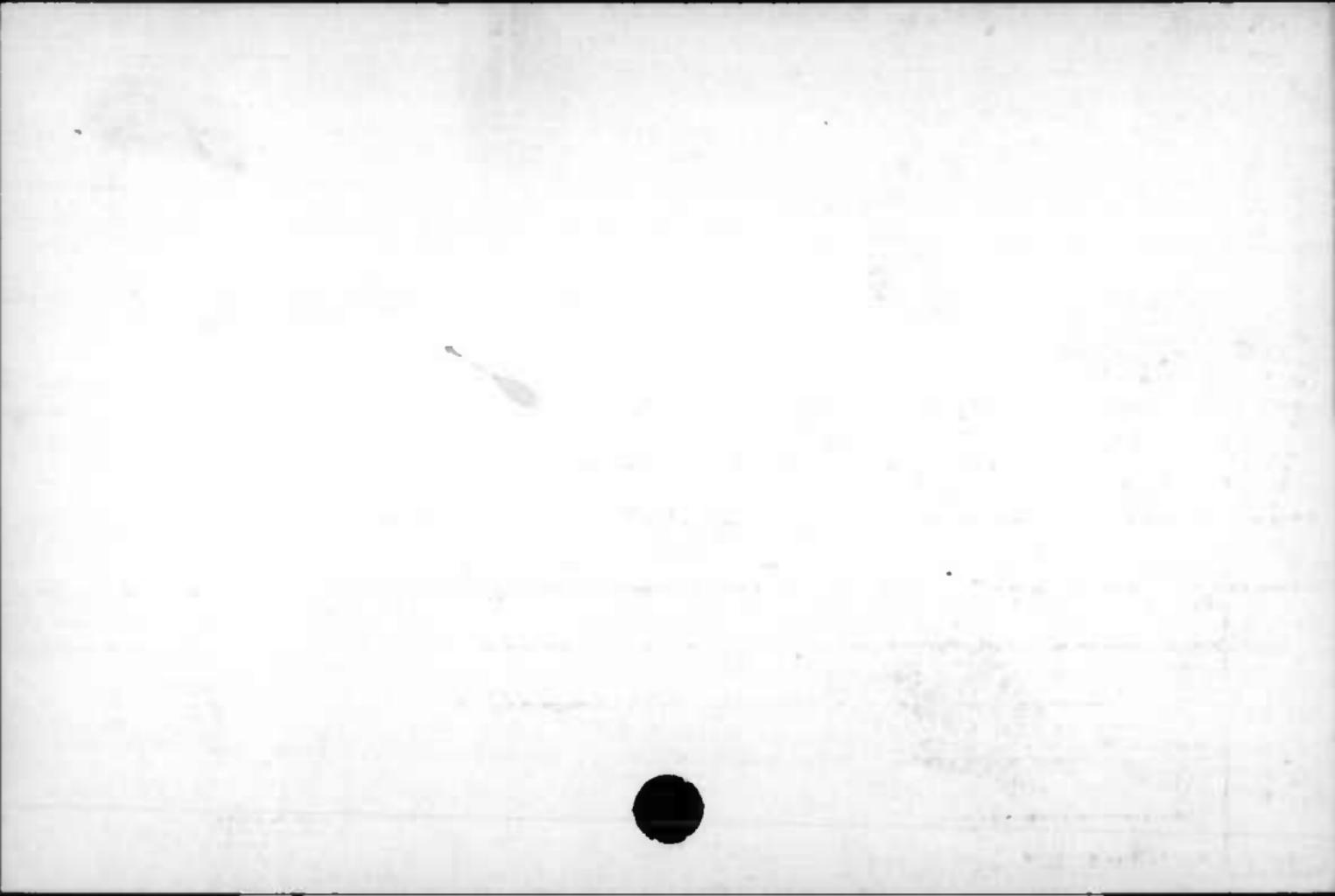
Signature of Physician

None

Address

Sam Patchett & Son

Accident or Suicide?



Name  
in  
Full

Ariana Turpin

CERTIFICATE OF DEATH

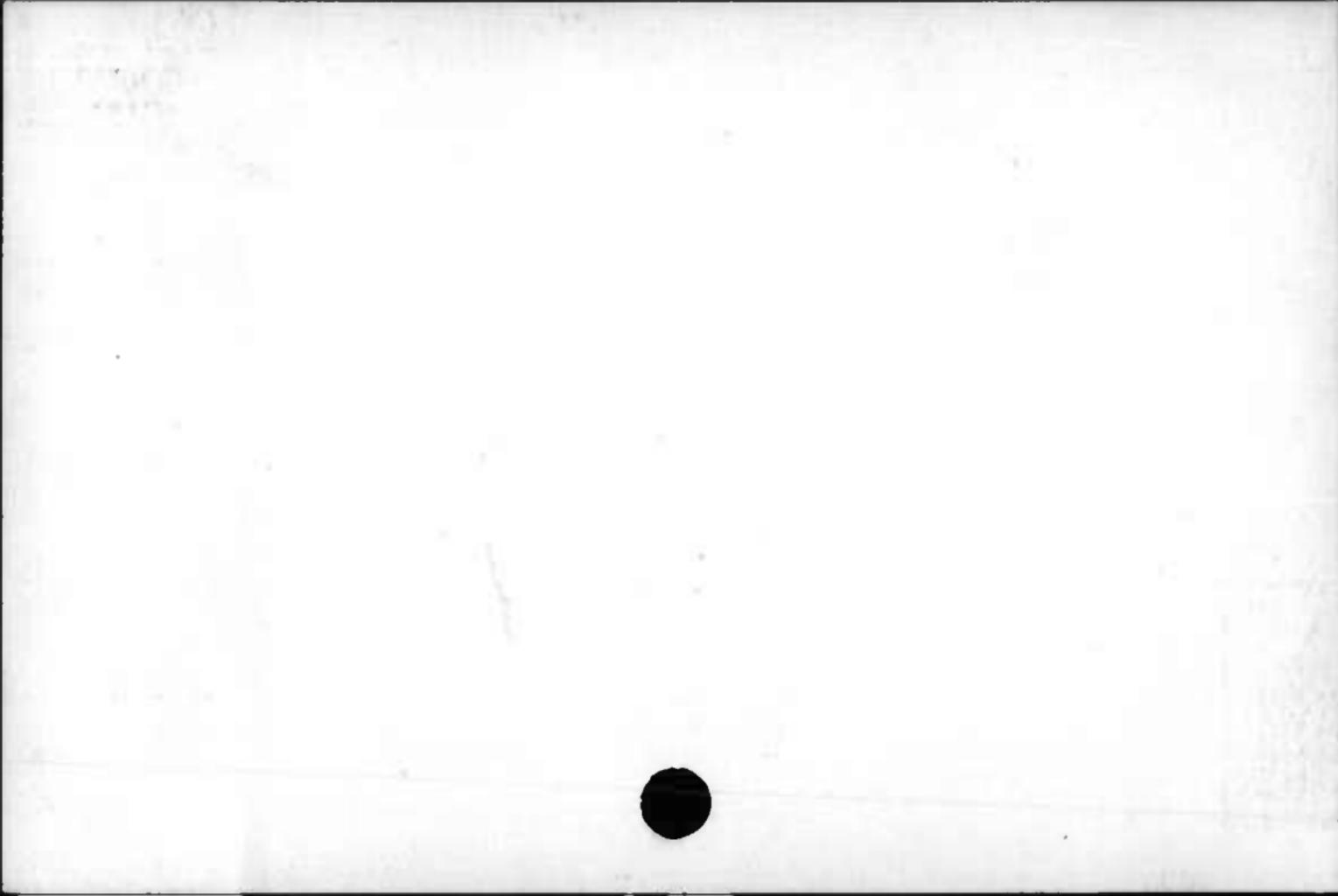
TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND	
Died at	Talbot	Months	Days
Date of death	Month	Day	Years
1907 Feb.	28	Age	72
Sex	female	Color or Race	white
Occupation	<input checked="" type="checkbox"/> Unknown Where Residing if not at place of death		
Married, Single or Widowed	widow	Name of Wife or Husband	Unknown
Father's Name	Unknown		
Mother's Maiden Name	Unknown		
Name of person giving Information	Mrs. E. G. Mackay Supt.		

CAUSES OF DEATH

Primary	Bacillioma of face	(44)	How long	3 years
Immediate	Exhaustion		How long	Several months
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. J. Seymour
			Address	Talbot Co., Md.
Accident or Suicide?		No		

PHYSICIAN  
OR CORONER



Name  
in  
Full

Walter Watts

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	white	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Emma Collins				
Father's Name	Sol Brown					
Mother's Maiden Name	Amanda Watts					
Name of person giving Information						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Le Gripe	(10)	How long
Immediate	Pneumonia		How long

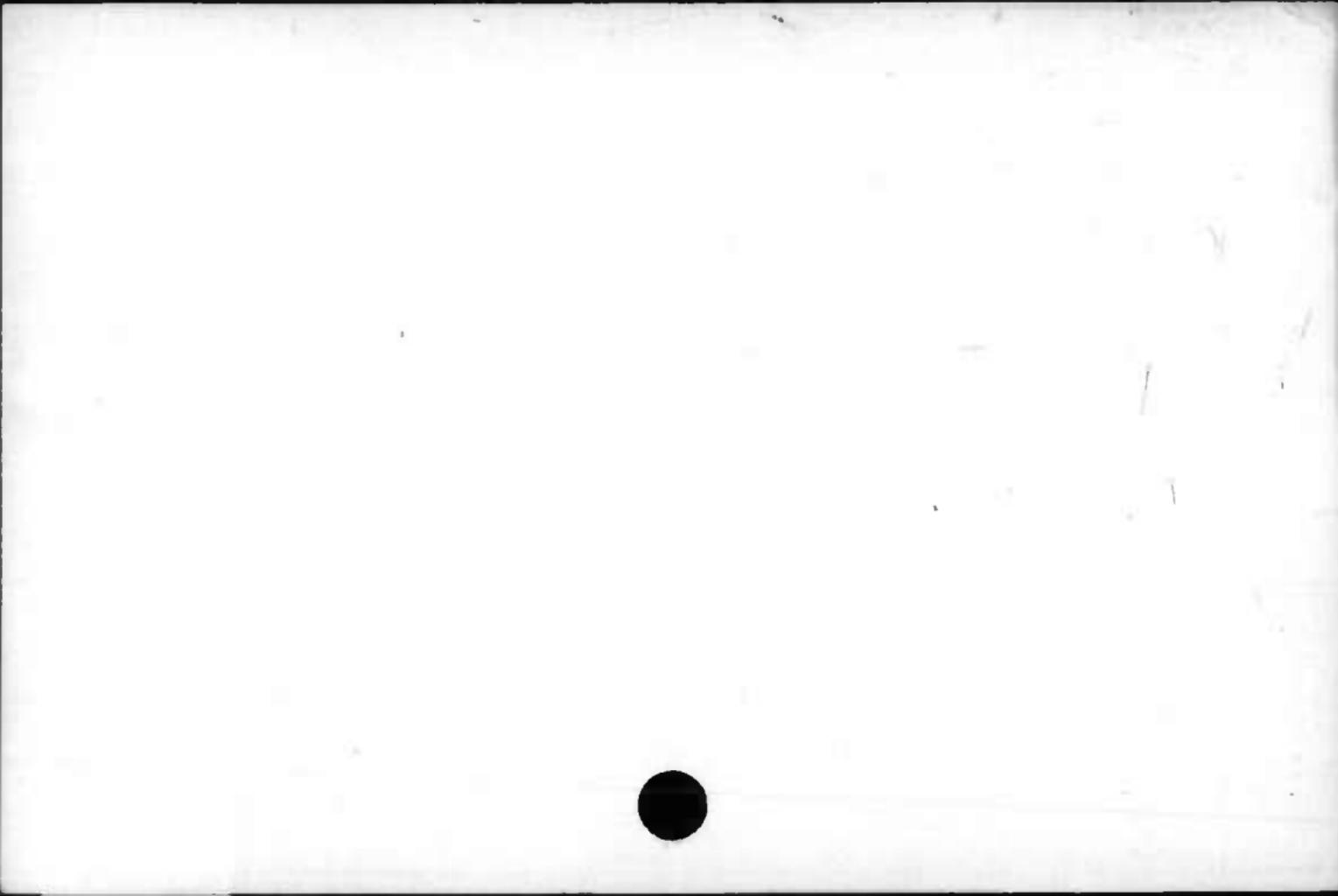
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. M. Eccles  
Oxford  
Md

Accident or Suicide?



Name  
in  
Full

William Wilmer

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Wye Mills	Town	Talbot	County	MARYLAND
Date of death	1907 Feb.	Month	17	Day	Years
Age	57	Color or Race	Colored	Birth-place	Months Days
Occupation	Male	Where Residing if not at place of death	Wye Mills		
Married, Single or Widowed	Single	Name of Wife or Husband	Julia Wilmer		
Father's Name	Perry Wilmer	Father's Birthplace	Maryland		
Mother's Maiden Name	Hollie	Mother's Birthplace	Maryland		
Name of person giving information	Richard Wilmer	How related to deceased	Son		

CAUSES OF DEATH

120

How long

one year

How long

one week

Primary

Bright's Kidney & Heart.

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

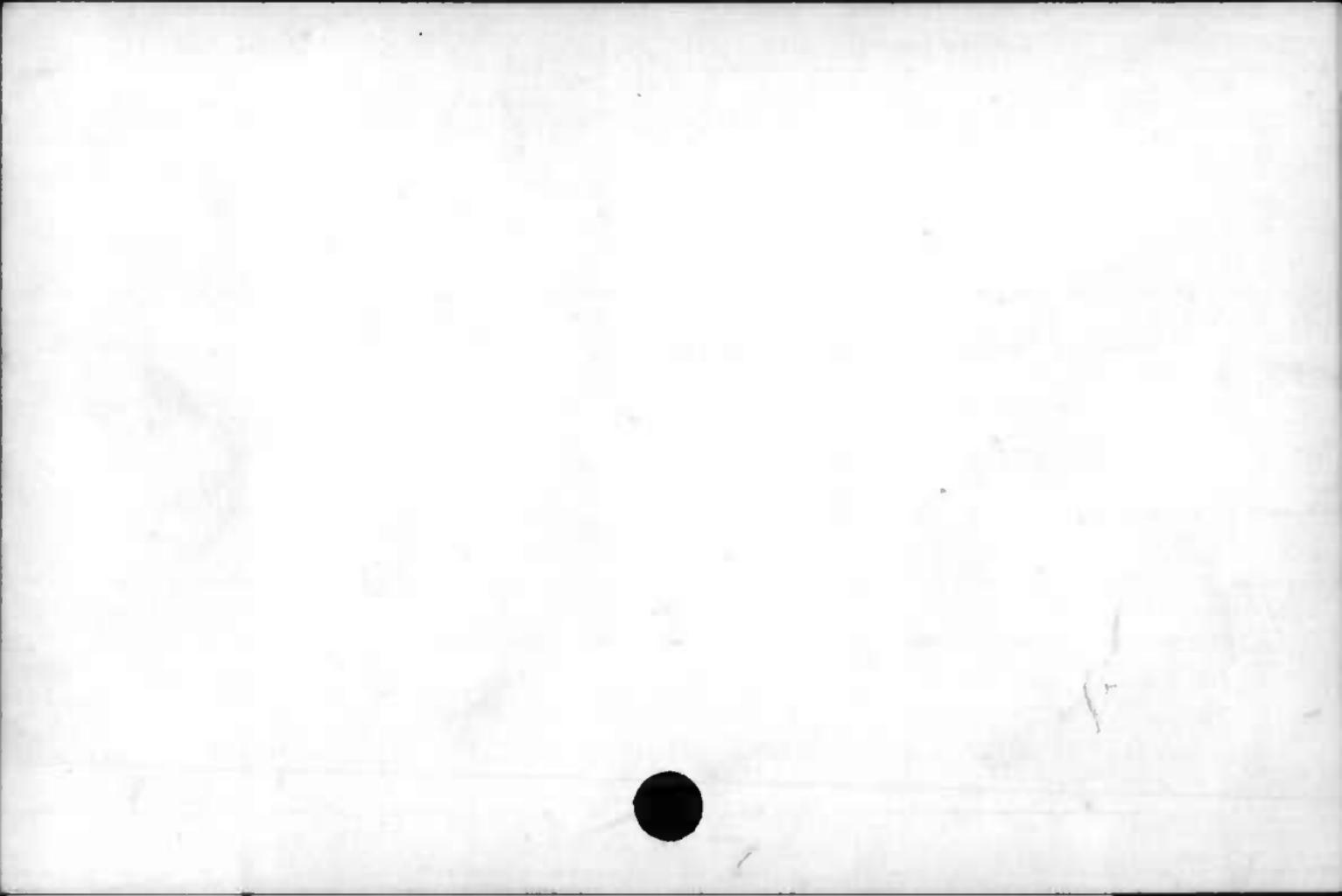
yes

Signature of Physician

Address

J.W. Slack M.D.  
Wye Mills Md.

Accident or Suicide?



Name  
in  
Full

John Thomas Hells.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died <u>May</u>	Town <u>Trappe</u>	County <u>Talbot</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>2</u>	Day <u>3-</u>	Age <u>76</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Negro -</u>	Birth-place <u>Talbot Co Md</u>				
Occupation <u>None</u>	Where Residing if not a place of death					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Marietta Banks</u>	Father's Name <u>Ephraim Hells</u>	Father's Birthplace <u>Talbot Co Md</u>			
Mother's Maiden Name <u>Jane Matthews</u>	Mother's Birthplace " " "	Name of person giving information <u>Ephraim Hells</u>	How related to deceased <u>Brother</u>			

CAUSES OF DEATH

(93)

PHYSICIAN OR CORONER

Primary

Hobav Pneumonia

How long

5 days

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Joseph A Ross M.D.  
Trappe, Talbot Co, Md

Accident or Suicide?

